EXHIBIT H

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
GRVC

TNF

Imported By: Nikita Butcher Med Rcrds 1/4/2021 10:39:18 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Butcher, Nikita at 1/4/2021 10:39:30 AM

CORRECTION DEPARTMENT CITY OF NEW YORK

FORM # OD/HS 02 REV 10/13
REF:O/O #22/93 DIR. 4521

MENTAL HEALTH STATUS NOTIFICATION AND OBSERVATION TRANSFER FORM (TNF)

TO BE COMPLETED BY MENTAL HEALTH/CLINICAL STAFF

Inmate Name: PETER RODRIGUEZ		Facility: WF
Book & Case: 3491603090	NYSID: 09839298P	Date: 12/23/2020 1:02:56 PM

BASED ON A CLINICAL INTERVIEW THIS DATE, THE FOLLOWING MARKED (X) INDICATIONS APPLY:

- [X] SUICIDAL AND / OR HIGHLY SELF-INJURIOUS
- [ ] HIGHLY ASSAULTIVE
- [ ] RECEIVING PSYCHOTROPIC MEDICATION
- [ ] DEVELOPMENTALLY DISABLED
- [ ] 730 EXAMINATION PENDING
- [ ] HISTORY OF VIOLENCE TOWARDS

TRANSFER TO:

PSYCHIATRIC PRISON WARD: [ ] BHPW [ ] EHPW
DOC FACILITY: [ ] C-71 MENTAL HEALTH [ ] CAPS [X] RHU [ ] PUNITIVE SEG
OTHER M.O. HOUSING: [ ] DORMITORY [ ] CELL [ ] EITHER

SPECIAL PRECAUTIONS REQUIRED:

- [X] CONSTANT SUICIDE WATCH
- [ ] GENERAL POPULATION - NO DANGER TO SELF OR OTHERS
- [ ] NO TRANSFER REQUIRED, BUT MOVE TO [ ] DORMITORY [ ] CELL

Pre-approved for Move to RHU on 1:1 SW on 12/25/2

BASED ON MENTAL HEALTH STAFF REVIEW, THE INMATE:

- [ ] Has successfully completed all levels of the RHU program and is eligible for a fifty-percent punitive segregation time reduction incentive and abeyance.
- [ ] Has successfully completed the CAPS program and is eligible to have remaining punitive segregation time owed expunged.
- [ ] Has been evaluated and is clinically cleared for restoration of punitive segregation time held in abeyance

ADDITIONAL INFORMATION / RECOMMENDATIONS:

PRE-APPROVED FOR MOVE TO GRVC RHU ON 1:1 SUICIDE WATCH ON FRIDAY, 12/25/20

MENTAL HEALTH STAFF SIGNATURE:	TIME:	HRS:
MENTAL HEALTH STAFF (PRINT): A. Tests, PsyD	DATE: 12/23/2020	

TO BE COMPLETED BY DEPARTMENT OF CORRECTION STAFF

TIME OF NOTIFICATION TO DOC: HRS		PERSON NOTIFIED (PRINT NAME & RANK):	
TIME OF NOTIFICATION TO NAMCU: HRS		PERSON NOTIFIED (PRINT NAME & RANK):	
TRANSFER LOCATION:	FACILITY:	HOUSING AREA:	BED/CELL:
PERSON NOTIFIED AT RECEIVING LOCATION (AS REQUIRED):	PRINT NAME:	RANK/TITLE:	SHIELD NO./I.D.:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
GRVC

M.H REVIEW FOR PUNITIVE SEGREGATION HOUSING

Imported By: Nikita Butcher Med Rcrds 1/4/2021 10:38:56 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Butcher, Nikita at 1/4/2021 10:39:00 AM

ATTACHMENT C

CORRECTION DEPARTMENT
CITY OF NEW YORK

MENTAL HEALTH REVIEW FOR PUNITIVE SEGREGATION HOUSING

Form: MHR-1R
Eff.: 03/14
Ref.: Dir. #4501R-B

SECTION I - TO BE COMPLETED BY HEARING OFFICER

A) Inmate Information:

Last Name: RODRIGUEZ First Name: PETER

Book & Case #: 3491603090*SM NYSID #: 09839298P Facility: WF

Housing Area: WF CDU10 DOC Admission Date: 11-MAR-16

B) Infraction Information:

Hearing Date: 10/14/20 Charge(s): 101.10 Disposition Date:

Disposition: 30 DAYS

(Indicate amount of Punitive Segregation time)

C) Special Instructions: Check off appropriate box.
Submit form to the Clinic captain if either statement #1 or #2 is checked off.
Submit form to the Deputy Warden for Security if statement #3 is checked off.

1. IIS Inquiry indicates that inmate is known to Mental Health ("M" follows inmate's Book and Case number). ☑
2. Date of infraction disposition is less than five (5) days of the inmate's date of admission into DOC. ☐
3. IIS Inquiry DOES NOT indicate the inmate is known to Mental Health (No "M" follows inmate's Book and Case number) and the date of the infraction is five (5) days or more since the inmate has been admitted into DOC custody. ☐

D) Name of Hearing Officer:

Prepared by:	Signature	Rank/Title	Shield/ID #	Date
S. Owens	S Ow	CO	3890	12/23/20

SECTION II - TO BE COMPLETED BY MENTAL HEALTH STAFF

A) Based on Mental Health staff review, the inmate:

☒ Is known to Mental Health and may be placed in lock-down status in:
☐ A Punitive Segregation Unit ☒ The Restricted Housing Unit (RHU) on continued 1:1SW
☐ Is known to Mental Health staff and may not be placed in lock-down status.

B) Additional Comments:

Inmate pre-approved for move to GRVC RHU on 1:1SW on Friday, 12/25/20.

C) Name of Mental Health staff conducting the review:

Print Name	Signature	Title	Date of Review	Time of Review
A Testa PsyD	[signature]	MHCS	12/23/20	1:00pm Hours

SECTION III - FACILITY REVIEW

Signature of Deputy Warden for Security	Print Name	Date of Review

Distribution:
Original: Movement Officer (If cleared for Punitive Segregation)
Copies: Inmate's Legal Folder
Deputy Warden for Security
Mental Health Office

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

NU - Wound Care

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Wound Care 1
Description (Wound 1): Other
Please describe other kind of wound (Wound 1): Left axilliary site of mass

Patient Information
Disposition: Seen
Additional Patient Documentation: Wound care done as ordered.

Wound Care Flowsheet

Signed By: Eze, Blessing at 12/23/2020 6:55:02 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Form Name: NU - Daily Nursing Note
Form Obs: NU - Daily Nursing Note

NU - Daily Nursing Note

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Watch Status Documentation

Is patient currently on Security Watch (per DOC)? No
Is patient currently on Suicide Watch? No

Daily Nursing Note

Appearance: Within normal limits
Mood/Affect: Within normal limits
Behavior: Within normal limits
Orientation: Place, Person, Time
Progress: Stable
ASSESSMENT: Patient is A & O X 3 and did not complain of any issues. No distress noted and he remains in stable condition.

Signed By: Eze, Blessing at 12/23/2020 6:53:19 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P
Appended to : NU - Daily Nursing Note - 12/23/2020

Latest Book and Case#:
3491603090
Patient Facility:
WF

Patient continues on suicide watch.

Signed By: Eze, Blessing at 12/23/2020 7:23:02 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

NU - Vital Signs
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Current Vital Signs

Signed By: Taylor, Margaret at 12/23/2020 5:29:40 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Evaluation for Exclusion from Punitive Segregation

Patient:
PETER RODRIGUEZ
DOB:
11 1
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Evaluation for Exclusion from Punitive Segregation

Type of Evaluation: Routine
Date Evaluation Requested by DOC: 12/23/2020
Date of Infraction: 12/23/2020
Infraction: Other
Please describe other reason for Punitive Segregation: days owed
Current Housing Area: Other
Describe other Housing Area: CDU on 1:1SW
Patient's diagnos(es): SMI No, F60.2
SMI: No
Previous Punitive Segregation Housing? Yes
What kind of PSEG Housing? CPSU, RHU
When was patient in previous PSEG Housing? 5/2020
Any self injury while in PSEG Housing? Yes
No Mental Health absolute contraindications for: RHU
Transfer on Suicide Watch: Yes
Does patient need to be placed on Suicide Watch? Yes
Reason for Suicide Watch: Pt engaged in hanging attempt 12/19/20 at MDC
Medications: No
Formulation: Pt is a 30 year old male referred for PHD with current dx SMI No, F60.2, psychiatric medications newly discontinued at pts request (+ with very poor compliance). He engaged in a hanging attempt 12/19/20 @ MDC, was subsequently treated at BHPW. Discussed with MH Admin--There are no current absolute MH contraindications for RHU placement on continued 1:1SW.

Disposition/Level of Care

Disposition/Level of Care? MO Housing-Suicide Watch

Signed By: Testa, Amber at 12/23/2020 1:34:09 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit
Type of Visit: In Person

Subjective
Subjective: "I'ts all passed now... I'm supposed to be here... I'm feeling better"

DOC Staff/SPA Observation Report
Name of Correction Officer: Sancehz
Badge Number: 1757
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 3
Tour: Day

Observed Behavior
Observed behavior: Pt presents calm, cooperative, stating that on 12/19/20 when he engaged in a hanging he was feeling hopeless and not wanting "to go on like this", but states that since returning to Rikers he feels grateful and like he did not die for a purpose. He reports intent to arrange a video visit with family, states he is taking better care of himself, and denies SI/HI. Review of Epic vs CHER shows many versions of the event as relayed by pt, with notable inconsistencies (e.g., telling other CHSproviders it was a "stunt") and when queried further on what has changed his responses remain lacking in depth. But he is alert and fully oriented, clear, logical, linear & denying mood/psychotic disturbance and demonstrating fair behavioral controls at present.

Mental Status
Orientation: Fully oriented
Appearance: Chronological Age, Overweight, Well Groomed, Well Dressed
Behavior: Cooperative, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation
Language: No abnormalities observed
Concentration: Adequate

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Mood (use patient's own words to describe current feeling state): "I feel different--- better"
Affect: Appropriate, Full Range
Impulse control: Adequate
Impulse control notes: adequate at present, tenuous overall
Thought process: Spontaneous, Organized, Relevant, Goal Directed
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide, Recent Attempt
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Judgement notes: adequate at present, tenuous overall
Insight: Aware Accepts Treatment

Risk Assessment

Does patient have (check all that apply): None
Please describe: Denies and requests to be removed from 1:1SW.
If so, has he/she made preparations? No
Is the patient imminently suicidal (consider hospitalization)? No
If so, what factors may precipitate an attempt? Increased stressors/symptoms
What precautions are being taken to minimize risk? Continued 1:1SW with on-going mh counseling, psychiatric evaluations as needed. Per Psychiatry meds being d/c'd at pts request.
Risk factors: Crime committed is shocking, Previous suicide attempt, Lack or perceived lack of support system, Significant loss (death/end of relationship), Closeness to court date or sentencing
Protective Factors: Capacity for reality testing, Hope for future
Have you tried to hurt yourself in the past? Yes
Method, precipitant: Lacerations and/or scratches to the body, OD on medication/pills, Hanging
Date range: Last 3 months
Please describe if date specifics are known:: 12/19/20 hanging-- deemed a suicide attempt.
Lethality of attempts: Medium, High
Medical attention required: Yes

Disposition/Level of Care

Diagnoses at this visit: Antisocial personality disorder
Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Testa, Amber at 12/23/2020 1:26:29 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

ALL - TNF
Mental Health Status Notification and Observation Transfer Form (TNF)

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Patient Facility WF
Based on a clinical interview this date, the following indications apply (select all that apply):
Suicidal and/or highly self-injurious

Transfer To

Special Precautions
Special Precautions Required (select all that apply): Constant Suicide Watch

Mental Health Staff Review

Additional Info:
Additional Information/Recommendations: PRE-APPROVED FOR MOVE TO GRVC RHU ON 1:1 SUICIDE WATCH ON FRIDAY, 12/25/20

Health Staff Name: A. Testa, PsyD
Date: 12/23/2020

Signed By: Testa, Amber at 12/23/2020 1:04:16 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Amber Testa Aso Dir MH	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	768745-2	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/23/2020	**End Date:** 12/23/2020
Electronically signed by:	Amber Testa Aso Dir MH	**Signed on:** 12/23/2020 11:52:43 AM
Instructions:	pm	

DEF 003439

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:

Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit
Type of Visit: In Person

Subjective
Subjective: Pt bathing in cell. Unable to assess. Per DOC no new concerns & behaviors remain

DOC Staff/SPA Observation Report
Name of Correction Officer: Sanchez
Badge Number: 17578
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 3
Tour: Day

Mental Status
Orientation: Unable to assess
Appearance: Unable to assess
Behavior: Unable to assess
Activity: Unable to assess
Speech: Unable to assess
Language: Unable to assess
Concentration: Unable to assess
Mood (use patient's own words to describe current feeling state): unable to assess
Affect: Unable to assess
Impulse control: Unable to assess
Thought process: Unable to assess
Thought content: Unable to assess
Perceptual disturbance: Unable to assess
Memory Unable to assess
Suicidal: Unable to assess
Homicidal: Unable to assess
Judgement: Unable to assess

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Insight: Unable to assess

Risk Assessment
Please describe: unable to assess

Disposition/Level of Care
Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Testa, Amber at 12/23/2020 11:50:39 AM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Amber Testa Aso Dir MH	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	768176-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/23/2020	**End Date:** 12/23/2020
Electronically signed by:	Amber Testa Aso Dir MH	**Signed on:** 12/23/2020 7:37:51 AM
Instructions:	pm	

DEF 003442

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Amber Testa Aso Dir MH	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	766119-2	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/23/2020	**End Date:**
Electronically signed by:	Amber Testa Aso Dir MH	**Signed on:** 12/22/2020 7:27:10 AM
Instructions:		

DEF 003443

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

REFUSED MEDICAL FOLLOW-UP.

Imported By: Amado Toledo Med Rcrds 12/23/2020 11:22:48 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Toledo, Amado at 12/23/2020 11:23:02 AM

NYC HEALTH+ HOSPITALS

PATIENT NAME: PETER RODRIGUEZ	**FACILITY**: WF
NYSID: 09839298P	**BOOKCASE#**: 3491603090
DATE: December 22, 2020	**TIME**: 10:22 PM

PATIENT REFUSAL OF TREATMENT

This is to certify that I am over the age of eighteen (18) years of age and I am refusing the following:

Patient Refusing: Medical Follow-Up

I understand this refusal is against the advice of my health care practitioner. I acknowledge that I have been informed of the risks, consequences and the danger to my health and possibly to my life which may result from my refusal of this procedure/treatment. I have been given time to ask questions about my condition and about my decision to refuse the procedure/treatment which my health care provider has explained to me is medically indicated and necessary.

I voluntarily assume the risks and accept the consequences of my refusal of the procedure/treatment and I am releasing all of the health care providers, the facility and its staff from any and all liability for ill effects that may result from my refusal of treatment.

Refuse

Signature of Patient

December 22, 2020

Date Signed

If CHS staff person's signature below, patient refused to present to clinic for informed consent discussion (Refused to Refuse):

Signature of Person Documenting Patient's Refusal: _____ **Date:** December 22, 2020

The above named patient refused the procedure/treatment, which is medically indicated, and necessary. I explained to the patient, the risks, consequences and dangers of refusing the procedure/treatment include but are not limited to the following:

Discussed the following: patient is refusing to accept the bandaids to cover the 2mm wound to the left axilla.

I provided the above named patient with the opportunity to ask questions, I have answered the questions asked and it's my professional opinion that the patient understands what I have explained:

Authorized Health Care Provider's Name: Runcie PA, Janet

Authorized Health Care Provider's Signature: _____ **Date**: December 22, 2020

Health Care Staff (not patient's Health Care Provider) who witnessed the patient's voluntary refusal to sign:

Witness Print Name: ~~RN Arenas~~

Witness Signature: _____ **Date:** December 22, 2020

An Interpreter was needed? If Yes, Interpreter's Name:

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Janet Runcie PA	**Service Provider:**	CHS
Auth Provider NPI:	1376773325		
Signing Provider:	Janet Runcie PA		
Phone:		**Phone:**	
Fax:		**Fax:**	

Patient Name:	PETER RODRIGUEZ	**DOB:**		**Age:**	31
Home Phone:		**Sex:**	Male	**SSN:**	
Work Phone:		**Cell Phone:**		**Patient ID:**	23447
Resp. Provider:					

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**

Order Number:	768010-1	**Quantity:** 1	
Authorization #:		**Priority:**	
Start Date:	12/22/2020	**End Date:** 12/22/2020	
Electronically signed by:	Janet Runcie PA	**Signed on:** 12/22/2020 10:20:04 PM	
Instructions:			

DEF 003446

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MED - Special Considerations

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Special Considerations
Therapeutic Diet Recommendation? Yes

Form Name MED - Special Considerations
Form Obs: MED - Therapeutic Diet Rec

MED - Therapeutic Diet Recommendation
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Previous Therapeutic Diet Order
Previous Therapeutic Diet Order:

Date previous Therapeutic Diet Order expires
10/29/2020 (07/01/2020 7:09:02 PM)

Patient's Vital Signs

Patient's Lab Values

Date this Therapeutic Diet Order starts: 12/06/2020
Date this Therapeutic Diet Order expires: 10/29/2020
Patient's known/documented allergies:

Therapeutic Diet Order:
Special instructions regarding above selected diet: I

In-person consulation request for:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Signed By: Runcie, Janet at 12/22/2020 10:07:43 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Subjective

Chief Complaint/Reason for Visit: **Pt is requesting wound care for a wound under his left arm. Pt has no other complaints**

Vital Signs History (previous visits review)

Open Orders:

Current Vital Signs (this visit)

Vital Signs Notes: **vital signs not done because pt was not produced.**

MED - Physical Examination

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**
General
General Examination Notes:

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Allergy Review

Assessment:
Problem # 1:

Related Meds:

Problem # 2:

Summary:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

ORAL #16 x 0; Signed; Entered by: Janet Runcie PA; Authorized by: Janet Runcie PA; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

Signed By: Runcie, Janet at 12/22/2020 10:17:46 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Form Name: NU - Daily Nursing Note
Form Obs: NU - Daily Nursing Note

NU - Daily Nursing Note

Patient: **PETER RODRIGUEZ** DOB: : **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Watch Status Documentation

Is patient currently on Security Watch (per DOC)? No
Is patient currently on Suicide Watch? No

Daily Nursing Note

Appearance: Within normal limits
Mood/Affect: Within normal limits
Behavior: Within normal limits
Orientation: Place, Person, Time
ASSESSMENT: Observed patient locked in his cell AXOX3, no c/o at this time, unable to take AM vital signs due to aggressive behavior and DOC issues PCC/Charge Nurse notified .Will continue to monitor

Signed By: Oreste, Marie at 12/22/2020 6:09:31 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Psychiatry - Medication Reevaluation

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit

Type of Visit: In Person

Subjective

Subjective (include general summary of functioning since last psychiatric provider note. This includes relevant clinical events, review of symptoms related to diagnosis patient is being treated for, and any recent self-injury or violence): 30 year old male with dxs of Adjustment disorder with disturbance of conduct, Antisocial personality disorder and Borderline personality disorder being seen for suicide watch rounds. Pt states "I'm good Miss but I don't want any of those psych medications. I haven't been taking them." Pt reports that he is doing fine and denies any current suicidal or homicidal thoughts, auditory or visual hallucinations. Pt reports that he was given Remeron and Buspirone and they made him have a nose bleed and faint about 1.5 weeks ago. Pt reports that he does desire to continue MH tx for psychotherapy as he feels he could benefit from some intensive therapy to help him with his issues. Pt reports he last took his mental health medications (Remeron and Buspirone) 1.5 weeks ago and as per chart review was started on Remeron 15 mg by mouth at bedtime for insomnia and Buspirone 10 mg by mouth twice a day for anxiety on 12/08/20.

Medication Compliance

List every psychiatric medication being prescribed and percent compliance since last Psychiatric Provider visit: BUSPIRONE HCL 10 MG TABLET BID 10mg TWICE A DAY 12/08/2020 12/22/2020 17/28 = 61% NON-CARRY
MIRTAZAPINE 15 MG TABLET HS 15mg AT BEDTIME 12/08/2020 12/22/2020 9/14 = 64% NON-CARRY

Medication Side Effect

Medication Side Effect: Yes
Please describe: Reports fainting and a nose bleed s/p being started on

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Well Groomed, Well Dressed

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name: PETER RODRIGUEZ
NYSID: 09839298P
Latest Book and Case#: 3491603090
Patient Facility: WF

Behavior: Cooperative, Relates Well, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation
Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): "I'm good Miss but I don't want any of those psych medications. I haven't been taking them."
Affect: Appropriate, Full Range
Impulse control: Adequate
Thought process: Spontaneous, Organized
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Vital Signs and Lab Results Flowsheet

Change in Medication
Change in medication regimen: Yes
Please describe rational for medication change: Due to pt request, decreased med compliance and medications currently not appearing to be indicated, Mirtazapine 15 mg by mouth at bedtime and Buspirone 10 mg by mouth twice a day will be stopped and pt will be followed up within 1 week.

Patient Education - Side Effects
Patient education provided on side effects of proposed medication: Yes

Clinical / Risk Formulation and Plan
Formulation (include identifying information, diagnosis and relevant history, general elements of treatment plan, status of current symptoms related to diagnosis, and if any acute issues related to risk of harm to self/others) (1st 2000 Char): 30 year old male with dxs of Adjustment disorder with disturbance of conduct, Antisocial personality disorder and Borderline personality disorder with no acute psychosis and currently not a threat to self or others. As per 1:1 suicide watch officer Hiraldo#14864 pt has been in good behavioral control, has not endorsed any suicidality or homicidality. Pt on observation is in his cell watching TV when called by writer. Pt on presentation is well groomed and dressed, appeared euthymic in mood, calm and cooperative, motivated to continue MH tx but not mental health medications. Potential risks of refusal of mental health medications including but not limited to relapse or occurrence of depressive symptoms such as suicidality or homicidality or psychotic symptoms such as auditory or visual hallucinations discussed with pt. Pt offered to be given alternative MH medications but refused and verbalized his understanding and acceptance of the aforementioned risks. Due to pt request, decreased med compliance and medications currently not appearing to be indicated, Mirtazapine 15 mg by mouth at bedtime and Buspirone 10 mg by mouth twice a day will be stopped and pt will be followed up within 1 week. Dispo will continue to be GP with MH clincian and Psych follow up.
Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Antisocial personality disorder
Borderline personality disorder
Plan: Stop Mirtazapine 15 mg by mouth at bedtime

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Stop Buspirone 10 mg by mouth twice a day
Continue Psychotherapy
F/U in 1 week

Disposition/Level of Care

Disposition/Level of Care? GP with MH Follow-up Clinician/Psychiatrist

Signed By: Walcott, Dawn at 12/22/2020 3:57:44 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Dawn Walcott	**Service Provider:**	CHS
Auth Provider NPI:	1366543217		
Signing Provider:	Dawn Walcott		
Phone:		**Phone:**	
Fax:		**Fax:**	

Patient Name:	PETER RODRIGUEZ	**DOB:**		**Age:**	31
Home Phone:		**Sex:**	Male	**SSN:**	
Work Phone:		**Cell Phone:**		**Patient ID:**	23447
Resp. Provider:					

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	767482-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/22/2020	**End Date:** 12/22/2020
Electronically signed by:	Dawn Walcott	**Signed on:** 12/22/2020 3:35:54 PM
Instructions:		

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
11 1
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit

Type of Visit: Cellside Encounter
Locked In: Yes

Subjective

Subjective: 30 year old male with dxs of Adjustment disorder with disturbance of conduct, Antisocial personality disorder and Borderline personality disorder being seen for suicide watch rounds. Pt states "I'm good Miss but I don't want any of those psych medications. I haven't been taking them." Pt reports that he is doing fine and denies any current suicidal or homicidal thoughts, auditory or visual hallucinations. Pt reports that he was given Remeron and Buspirone and they made him have a nose bleed and faint about 1.5 weeks ago. Pt reports that he does desire to continue MH tx for psychotherapy as he feels he could benefit from some intensive therapy to help him with his issues. Pt reports he last took his mental health medications (Remeron and Buspirone) 1.5 weeks ago.

DOC Staff/SPA Observation Report

Name of Correction Officer: Hiraldo
Badge Number: 14864
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 2
Tour: Evening

Observed Behavior

Observed behavior: As per 1:1 suicide watch officer Hiraldo#14864 pt has been in good behavioral control, has not endorsed any suicidality or homicidality. Pt on observation is in his cell watching TV when called by writer. Pt on presentation is well groomed and dressed appears euthymic in mood, calm and cooperative, motivated to continue MH tx but not mental health medications.

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Well Groomed, Well Dressed
Behavior: Cooperative, Relates Well, Good Eye Contact

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation
Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): "I'm good Miss but I don't want any of those psych medications. I haven't been taking them."
Affect: Appropriate, Full Range
Impulse control: Adequate
Thought process: Spontaneous, Organized
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Risk Assessment

Does patient have (check all that apply): None
If so, has he/she made preparations? No
Is the patient imminently suicidal (consider hospitalization)? No
What precautions are being taken to minimize risk? Continue 1:1 suicide watch as a precaution30
Risk factors: Previous suicide attempt, Lack or perceived lack of support system
Protective Factors: Capacity for reality testing, Engagement with treatment, Positive familial relationships, Adjusted to environment
Have you tried to hurt yourself in the past? Yes
Method, precipitant: Tied/placed sheet/string/cord around neck
Date range: Last 3 months
Please describe if date specifics are known:: Pt tied a towel around his neck on 12/17/20
Lethality of attempts: Low
Medical attention required: Yes

Disposition/Level of Care

Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Antisocial personality disorder
Borderline personality disorder

Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Walcott, Dawn at 12/22/2020 3:34:59 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Amber Testa Aso Dir MH	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	767322-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/22/2020	**End Date:** 12/22/2020
Electronically signed by:	Amber Testa Aso Dir MH	**Signed on:** 12/22/2020 2:44:35 PM
Instructions:	PM	

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Evaluation for Exclusion from Punitive Segregation

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Evaluation for Exclusion from Punitive Segregation

Type of Evaluation: PHD
Date Evaluation Requested by DOC: 12/22/2020
Date of Infraction: 12/22/2020
Infraction: Other
Please describe other reason for Punitive Segregation: unknown
Days Owed: unknown
Current Housing Area: Other
Describe other Housing Area: CDU 10
Patient's diagnos(es): Adjustment disorder with disturbance of conduct, ASPD, Intermittent explosive disorder
SMI: No
No Mental Health absolute contraindications for: RHU
Transfer on Suicide Watch: Yes
Medications: Yes
Indicate medications: Remeron and Buspar
Formulation: Mr. Rodriguez is a 30 y/o male with the diagnosis of Adjustment disorder with disturbance of conduct, ASPD and intermittent explosice disorder. He is being maintained on Remeron and Buspar. He is currently housed in CDU 10. He is being PHD as per DOC request for an unknown infraction. His PHD is being completed via chart review. He has documented h/o asthma and requires medical clearance. He is presently on SW and will be maintained on that status at this time. He is SMI - NO. He will be cleared for RHU on SW due to his present SW status.

Signed By: Olatunbosum, Olusegun at 12/22/2020 6:57:13 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
[redacted]
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit

Type of Visit: In Person

Subjective

Subjective: Knocked and called for pt-- the watch officer stated MH here to see him, he said to turn off the lights and refused to engage. He has sheets up covering his windows-- DOC notified that he needs constant observation and the sheets must be taken down.

DOC Staff/SPA Observation Report

Name of Correction Officer: Hiraldo
Badge Number: 14864
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 2
Tour: Day

Mental Status

Orientation: Unable to assess
Appearance: Unable to assess
Behavior: Unable to assess
Activity: Unable to assess
Speech: Unable to assess
Language: Unable to assess
Concentration: Unable to assess
Mood (use patient's own words to describe current feeling state): unable to assess
Affect: Unable to assess
Impulse control: Unable to assess
Thought process: Unable to assess
Thought content: Unable to assess
Perceptual disturbance: Unable to assess
Memory Unable to assess
Suicidal: Unable to assess

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Homicidal: Unable to assess
Judgement: Unable to assess
Insight: Unable to assess

Risk Assessment
Please describe: unable to assess

Disposition/Level of Care
Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Testa, Amber at 12/22/2020 12:28:38 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P
Latest Book and Case#:
3491603090
Patient Facility:
WF
Appended to : MH - Suicide Watch Rounds Progress Note - 12/22/2020

AM ROUNDS COMPLETED ~8a

Signed By: Testa, Amber at 12/22/2020 2:42:19 PM

DEF 003463

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MED - Special Considerations

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Special Considerations
Therapeutic Diet Recommendation? Yes

Form Name MED - Special Considerations
Form Obs: MED -

MED - Therapeutic Diet Recommendation

Previous Therapeutic Diet Order
Previous Therapeutic Diet Order:

Date previous Therapeutic Diet Order expires
10/29/2020 (07/01/2020 7:09:02 PM)

Patient's Vital Signs

Patient's Lab Values

Date this Therapeutic Diet Order starts: 12/06/2020
Date this Therapeutic Diet Order expires: 10/29/2020
Patient's known/documented allergies:

Therapeutic Diet Order:
Special instructions regarding above selected diet:

In-person consulation request for:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Signed By: Runcie, Janet at 12/22/2020 9:46:28 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

CDU Admisiion and Nursing Intake

Form Name: CDU - Admission
Form Obs CDU - Admission
MED - CDU Admission

PETER RODRIGUEZ

WF
DOB:
NYSID:
09839298P
Book and Case:
3491603090

CDU - Admission Chart Review

CDU History

Reason for Visit: PT is admitted to the CDU for contact investigation/AE housing,
.Chart review is being done

Reason for admission

Patient Status: Psychosocial
MED - Transfer Chart Review

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Transfer Chart Review

Intake History and Physical Completed (If NOT, Schedule an INTAKE appointment)? Yes
Did the Patient Refuse Intake? No
Is or Should patient be in MEDICAL ISOLATION (Requires Daily Rounds)? Yes
Pending or missed labs or DI's? No
All necessary Labs and DI's have been ordered? Yes
Reschedule MISSED Follow-up visits at new facility: N/A
Patient has DOT Medications and/or Insulin orders (If So Please Reorder)? No
Is the patient being transfered from NIC/CDU (If YES, review discharge note and reorder medication)? No
Special Dietary Requirements? (If yes, re-order dietary prescription and/or consult) No
QFT result present and appropriately addressed: Yes
Referrals reviewed and rewritten if indicated? Yes
History of Present Illness (narrative assessment): pt with mental illness is on psych meds and is on suicide watch.
Is the patient on Suicide Watch? (If yes, discuss with Mental Health and DOC) Yes
Suicide Watch, Refer to Mental Health: Yes

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Sucide Watch, Is there a TN form? Yes

MED - Heat Sensitivity

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **WF** Housing Area: **CDU10**

Heat Sensitivity Review:

Age: 65 years of age or older
Conditions, Medications and Diagnoses: Please review CHS Policy'93INT 9'96 Heat Protoco'94 for the most current policy on qualifying conditions, medications and diagnoses. Common clinical conditions requiring heat sensitive designation are diabetes, heart conditions, use of diuretics or certain psychiatric medications, and severe or uncontrolled asthma. Other less common diagnoses, medications or clinical considerations also qualify patients for Heat Sensitive designation as outlined in INT 9.
Patient's Current Age:
30 Years Old
Patient's Active Problem List:
Suicide attempt, initial encounter (ICD10-T14.91xA)

Borderline personality disorder

Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)

Intermittent explosive disorder
Antisocial personality disorder

Asthma (ICD-493.90) (ICD10-J45.909)

Suicidal ideation (ICD-V62.84) (ICD10-R45.851)

Passive smoke exposure (ICD-E869.4) (ICD10-Z77.22)

Vision changes (ICD-368.9) (ICD10-H53.9)

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Smoke inhalation(alleged) (ICD-508.2) (ICD10-J70.5)

Patient's Active Medications:

Heat Sensitivity Decision:
Patient requires heat sensitive housing? Yes

Signed By: Runcie, Janet at 12/22/2020 9:41:30 AM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Amber Testa Aso Dir MH	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	
Order Number:	766119-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/22/2020	**End Date:** 12/22/2020
Electronically signed by:	Amber Testa Aso Dir MH	**Signed on:** 12/22/2020 7:26:25 AM
Instructions:	AM	

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
1
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
WF
Housing Area:
CDU10

Type of Visit

Type of Visit: Cellside Encounter

Subjective

Subjective: Pt seen cell-side and awakened for SW Rounds and stated, "Hey Outlaw, how are you? What are you doing here? I'm good, I'm good. Yeah, I had a little incident. I'm good now. I'm just tired of being in here. It's been a long time. I don't know what's going on with my case. It got to be too much but I'm feeling a little better now."

DOC Staff/SPA Observation Report

Name of Correction Officer: CO Haynie
Badge Number: 14007
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 2
Tour: Evening

Observed Behavior

Observed behavior: Pt was observed watching TV before being engaged for MH appt. Pt presented as OX3, alert, engaged, appropriately dressed./groomed with good eye contact. Pt appears healthy, euthymic, was easily engaged and reported current stability with MH at the time of visit. CO Hainey reports Pt arrived early this evening and has been calm and cooperative in facility this evening.

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Normal Weight, Well Groomed, Well Dressed
Behavior: Cooperative, Relates Well, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate
Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): Pt seen cell-side and stated, "Hey

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Outlaw, how are you? What are you doing here? I'm good, I'm good. Yeah, I had a little incident. I'm good now. I'm just tired of being in here. It's been a long time. I don't know what's going on with my case. It got to be too much but I'm feeling a little better now."
Affect: Appropriate
Impulse control: Adequate
Thought process: Spontaneous, Organized, Relevant
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide, Recent Gesture
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Risk Assessment

Does patient have (check all that apply): None
If so, has he/she made preparations? No
Is the patient imminently suicidal (consider hospitalization)? No
If so, what factors may precipitate an attempt? Increased stressors
What precautions are being taken to minimize risk? Continuation of suicide watch
Risk factors: Previous suicide attempt, Major mood disorder, Lack or perceived lack of support system
Protective Factors: Values / Prohibitions, Capacity for reality testing, Engagement with treatment, Adjusted to environment
Have you tried to hurt yourself in the past? Yes
Method, precipitant: Tied/placed sheet/string/cord around neck
Date range: Last 3 months
Please describe if date specifics are known:: 12/17; wrapped towel around his neck
Lethality of attempts: Low
Medical attention required: No

Disposition/Level of Care

Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24) Borderline personality disorder
Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Outlaw, Lauren at 12/22/2020 12:22:37 AM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Dawn Walcott	**Service Provider:**	CHS
Auth Provider NPI:	1366543217		
Signing Provider:	Arkadiy Chernyak MD		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
PSYCHMEDEVAL	MH Order - Psychiatry Medication Reevaluation	
Order Number:	746869-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/22/2020	**End Date:**
Electronically signed by:	Arkadiy Chernyak MD	**Signed on:** 12/8/2020 1:19:29 PM
Instructions:	+ suicide watch	

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

Patient Docs Mental Health DCP

Imported By: Ashley Thomas 12/22/2020 9:37:57 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Thomas, Ashley at 12/22/2020 9:38:00 AM

NYC HEALTH + HOSPITALS

Correctional Health Services

DISCHARGE PLANNING / CRAN PROGRAMS

OFFER OF DISCHARGE PLANNING SERVICES

PATIENT'S LAST NAME	FIRST NAME		DATE
Rodriguez	Peter		12/21/2020
NYSID NUMBER	BOOK AND CASE NUMBER	DOB	SMI ☐YES ☑NO / CITY SENTENCED ☐YES ☑NO
09839298P	349116080910		
PRIMARY LANGUAGE	COMMUNICATES EFFECTIVELY IN ENGLISH		INTERPRETER NEEDED
English	☑YES ☐NO		☐YES ☑NO

This form serves to demonstrate that I have been offered discharge planning services, and I choose to accept or decline the following services of referrals from the Social Work Re-entry Department. If I decline any of the services below, I am aware that I may seek assistance in discharge planning at any future point by notifying a member of the Mental Health Department.

Discharge Planning Initiation/Orientation

Yes / No

- ☑ ☐ Disclosure of Protected Medical Information to BRAD H Monitors
- ☐ ☐ Public Assistance and Food Stamps, if SMI
- ☑ ☐ Medicaid Application

Federal Benefits (City Sentenced SMI only)

- ☐ ☐ Veterans Benefits Assistance (VA)
- ☐ ☐ Social Security Benefits Assistance (SSI/SS)

Point of Discharge Services

- ☐ ☐ Medication and Prescriptions upon Release
- ☐ ☐ Medication Grant Program Support (MGP)

Discharge Planning Session

Yes / No:

- ☐ ☐ Community Mental Health Referral/Appointment
- ☐ ☐ CRAN/Case Management Referral, if SMI
- ☐ ☐ Supportive Housing Application, if SMI (HRA 2010E)
- ☐ ☐ Homeless Shelter Referral (DHS)
- ☐ ☐ Health Homes
- ☐ ☐ Other: _____
- ☐ ☐ Transportation
- ☐ ☐ Aftercare Letter

Patient's Signature	Patient's Printed Name	Date
	Peter Rodriguez	12/21/20
Staff's Signature	**Staff's Printed Name**	**Date**
A. Thomas	A. Thomas	12/21/2020

[Complete below ONLY IF Client refuses to sign this form]

The above named client has indicated his/her choice to decline all or some discharge planning services, and he/she has elected not to sign this document.

Witness' Signature	Witness' Printed Name	Date

NYC HEALTH+ HOSPITALS

Correctional Health Services
Social Work Re-entry EAC CRAN – CTCM and ANS

RECEIPT OF BROCHURES

CLIENT'S LAST NAME	FIRST NAME				
Rodriguez	Peter				
NYSID NUMBER	BOOK AND CASE NUMBER	DOB	AGE	ETHNICITY	DATE
00839298P	3490/a03090		30	Hispanic	12/21/2020
HOME ADDRESS ☑ HOMELESS		PRIMARY LANGUAGE	COMMUNICATE EFFECTIVELY IN ENGLISH		INTREPRETER NEEDED
		English	☑ YES ☐ NO		☐ YES ☑ NO
DISCHARGE PLANNER	A. Thomas				

☑ I have received a copy of the Assistance Network Services and Discharge Planning Rights Brochure.

These services have been explained to me. By signing this, I acknowledge that I have received the information listed above.

Client's Name (Print): [signature] **Date:** 12/21/20

Client's Signature: Peter Rodriguez **Date:** 12/21/20

By signing this, I acknowledge that I have explained the above mentioned to the client.

Discharge Planner's Name Print: A. Thomas **Date:** 12/21/2020

Discharge Planner's Signature: [signature] **Date:** 12/21/2020

NEW YORK CITY DEPARTMENT OF HEATLH AND MENTAL HYGIENE (NYCDOHMH)
CORRECTIONAL HEALTH SERVICES (CHS)
Authorization for Use or Disclosure of Health Information Including
Confidential HIV Related Information, Alcohol and Substance Abuse Information
[Brad H]

Patient Name: Peter Rodriguez Date of Birth: _____

Book and Case: 349160309D NYSID Number: 09839298P

Purpose of this form: A court ordered Settlement Agreement in Brad H v. The City of New York (New York County, Index No.: 117882/99), has ordered the NYCDOHMH/CHS to provide Court-appointed monitors ("monitors") with copies of your CHS medical, mental health and discharge planning records. Such information may be shared without your consent. But, the Court also ordered (1) that CHS may not show the monitors any of your HIV-related information without your specific consent; and (2) the monitors may not make copies of any records containing alcohol and/or substance abuse information without your specific consent. You may consent to disclosure of HIV information and copying of alcohol and/or substance abuse information by initialing below.

1. If my medical or mental health records contain either HIV related information, or alcohol and/or substance abuse information, I specifically authorize the release of such information by initialing each of the following paragraphs. **If I do not initial paragraph 1(a) and/or 1(b) below, NYCDOHMH/CHS will remove the information described in that paragraph from my medical or mental health records before producing my records to the monitors and their employees.**

a) PR *initial* I understand that if my records contain confidential HIV related information, such information will be disclosed to the monitors only if I initial here (1(a)).

b) PR *initial* I understand that if my records contain alcohol and/or substance abuse information, such information will be disclosed to the monitors only if I initial here (1(b)).

2. Effect of refusal to sign this authorization. I understand that I may refuse to sign or initial this authorization and that my refusal will not affect my ability to obtain treatment or payment or my eligibility for benefits or my status as a member of the Brad H class.

3. Revocation of this authorization. I understand that I may revoke this authorization, in writing, at any time by delivering or sending a copy of the revocation to CHS. I also understand that a revocation will not be effective to the extent that CHS has already provided a copy of the records to the monitors.

4. Expiration of this authorization. This authorization expires one year from the date signed.

[signature] 12/21/20
Signature of Patient/Representative [Required] Date signed [Required]
(A representative must sign if patient lacks capacity to consent)

Name of Representative and relationship to patient (Printed) _____

Note: CHS will NOT provide copies of records unless this authorization is signed by the patient or a representative authorized by applicable law to sign it. A representative must sign if the patient lacks capacity to consent. Authorizations signed by a representative other than a parent of a minor must include documentation satisfactory to CHS authenticating such representative's authority. All items marked [Required] must be completed or HIV-related information and alcohol and substance abuse information will be

NYC HEALTH+ HOSPITALS
Correctional Health Services

[Brad H Social Work Re-Entry]

Authorization for Disclosure of Medical Records Including Confidential HIV Related Information

Patient (Print Name): Peter Rodriguez Date of Birth:

Book and Case Number: 34916 0309D NYSID Number 09839298P

Date(s) of Incarceration: _____

Facility/Facilities: AMKC - C71

1. I hereby request and authorize the New York City Department of Health and Mental Hygiene Correctional Health Services ("CHS") to release information from my medical record or other files relating to the medical/mental health treatment I received while incarcerated at the above facility or facilities, to the following Person(s) or Organization(s) whose full names and addresses are listed below for the purpose of obtaining and determining my eligibility for benefits from each organization for financial, medical and housing placement services and other benefits at discharge from custody of the Department of Correction.

- ☑ Medicaid Assistance Program, 260 11th Ave., New York, NY 10001
- ☐ PACT, 2010 E Application, 136 Church Street, New York, NY 10038
- ☐ Department of Homeless Services ("DHS"), 33 Beaver Street, Room 1522, New York, NY 10004
- ☐ Veteran's Administration ("VA"), PO Box 100-620 181 Bldg # 52 Montrose, N.Y. 10548
- ☐ EAC Network – C.R.A.N Community Reentry Assistance Network 175 Remsen Street – 5th Floor, Brooklyn, NY 11201 (718) 975-0180
- ☐ _____ (Name) _____ (Address) **(Community mental health services)**

The specific information to be provided by CHS is confined to the following specific information: Problem list with PPD results, Intake Physical and History, Psychosocial evaluation, Psychiatric Assessment, Recent Medication Information, Mental Health Progress notes, DSN, Entitlement Applications and Responses, Chest X-ray results if applicable. The information provided by CHS may also include drug/alcohol treatment or HIV related information, but only if specifically authorized in paragraph 4, below.

NYC HEALTH+ HOSPITALS
Correctional Health Services

If I authorize disclosure to the Medicaid Assistance Program, the information to be disclosed also includes a copy of my DOC identity card and birth certificate or similar documentation of birth record.

2. I hereby request and authorize the Social Security Administration to release information as to the status/outcome of my SSI and/or SSD applications and/or appointments to the following organization to the Department of Health and Mental Hygiene , HCAI (Discharge Planning Unit), 19-19 Hazen Street, East Elmhurst, NY (RMSC) **for the purpose of assisting with my SSI or SSD application. The Social Security Administration will not release confidential HIV related information.**

3. I hereby authorize my community mental health provider, identified in paragraph 1 above, to provide information about my attendance for appointments or referrals to the Department of Health and Mental Hygiene, Correctional Health Services Program, **for the purpose of maintaining continuity of care upon my release from jail. My community mental health provider will not release confidential HIV related information.**

4. If any of the requested records maintained by the Department of Health and Mental Hygiene Correctional Health Services Program (CHS) contain information pertaining to drug or alcohol treatment or mental health or contain HIV related information, I specifically authorize the release of such information by CHS to those entities listed in paragraph 1, above, only for the purposes noted in paragraph 1, by initialing where indicated below. **If I do not initial each of the following paragraphs, CHS will remove the information described in that paragraph from the copy of records provided pursuant to this release.**

PR
initials

I understand that if my records contain information concerning drug or alcohol treatment, such information will be released pursuant to this consent form.

PR
initials

I understand that if my records contain confidential HIV related information, such information will be released pursuant to this consent form. Confidential HIV related information is any information indicating that a person was administered an HIV test or has HIV infection, HIV related illness or AIDS, or is any information which could indicate a person has been potentially exposed to HIV.

PR
initials

I understand that if my records contain mental health information, such information will be released pursuant to this consent form.

REV 4/19

NYC HEALTH+ HOSPITALS
Correctional Health Services

5. Revocation of this authorization: I understand that I may revoke this authorization, in writing, at any time by delivering or sending a copy of the written revocation to CHS or other agency that I authorized to disclose information. I also understand that I may not revoke this authorization to the extent that CHS or the other agency has already provided a copy of the records to the person(s) or organization(s) named in paragraphs 1, 2 or 3.

6. I understand that I may not be denied any benefits if I refuse to sign or initial any part of this authorization form, but that if do refuse to sign or initial, CHS may not be able to provide me with some or all discharge planning services.

7. Expiration: This authorization expires sixty (60) days after my release from incarceration in a New York City jail.

Signature of patient or representative **[Required]** Date signed **[Required]** 12/21/20

If signed by a representative, print name of representative

Authority to serve as representative: Check one: ☐ Parent ☐ Guardian
☐ Executor/Administrator
☐ Agent (health care or other proxy)

☐ Other: (specify) _____

Note: CHS will NOT provide copies of records to any person who is not authorized by applicable law to have access to such records. Authorizations signed by a representative other than a parent of a minor must include documentation satisfactory to CHS authenticating such representation. Authorizations requesting copies of records of a minor must also contain the signature of the minor authorizing the release of the records.

All fields marked [Required] must be completed or this form will be returned to you and the requested copy of medical records will not be released.

REV 4/19

ACCESS NY HEALTH CARE Medicaid / Family Health Plus / Child Health Plus

PLEASE READ the entire application and INSTRUCTIONS before you fill it out. Print clearly in blue or black ink. An incomplete application cannot be processed and will result in a delay of a decision on your application.

Section A Applicant's Information

Please tell us who you are and how to contact you.

Legal First Name	Middle Initial	Legal Last Name
PETER		RODRIGUEZ

Primary Phone #	Another Phone #	What Language Do You Speak? / Read?
☐ Home ☐ Cell ☐ Work ☐ Other	☐ Home ☐ Cell ☐ Work ☐ Other	ENGLISH / ENGLISH

HOME ADDRESS of the persons applying for health insurance — SEND PROOF

☒ Check here if homeless

Street	Apt.#
U UNDOMICILED	

City	State	Zip Code	County
NY	NY	11370	NEW YORK CITY

MAILING ADDRESS of the persons applying for health insurance if different from above.

Street	Apt.#

City	State	Zip Code

OPTIONAL: If there is another person you would like to receive your Medicaid notices, please provide this person's contact information.

I want this contact person to: Check all that apply

- ☐ Apply for and/or renew Medicaid for me
- ☐ Discuss my Medicaid application or case, if needed
- ☐ Get notices and correspondence

Name	State

Street	Apt.#	Zip Code

City	Phone #
	☐ Home ☐ Cell ☐ Work ☐ Other

Section B Household Information

If you live in the household, start with yourself. If you do not, start with any adults who live in the household. List the full legal names of the persons applying for or already receiving Medicaid, Family Health Plus or Child Health Plus **and list the ID Number from their Benefit Card or health plan ID card.** You must provide information for household members including: parents, step-parents, and spouses. You may provide information for other household members (for example, a dependent child under the age of 21). **Listing other household members may allow us to give you a higher eligibility level. Pregnant women and children under 19 may be eligible for health insurance regardless of immigration status.**

	Legal First, Middle, Last Name	Date of Birth — SEND PROOF	Is this person applying for health insurance?	Is this person pregnant? — SEND PROOF	Is this person the parent of an applying child?	What is the relationship to the person in Box 1?	If this person has or had public health coverage in the past, check the box that applies.	Social Security Number (if you have one)	Please mark one box that indicates your current Citizenship or Immigration Status. Not needed for pregnant women — SEND PROOF	*Race/ Ethnic Group
01	PETER RODRIGUEZ Full Maiden Name (person's birth name before they were married) STATEN ISLAND NY USA City of Birth / State of Birth / Country of Birth This Person's Mother's Full Maiden Name	11 / 06 / 90 ☒ Male ☐ Female	☒ Yes ☐ No	☐ Yes ☒ No What is the Due Date? / /	☐ Yes ☒ No	SELF	☐ Child Health Plus ☒ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:	072786493	☒ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	B/H
02	Full Maiden Name (person's birth name before they were married) City of Birth / State of Birth / Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	

Effective 7/1/10, citizen children who provide a SSN are not required to provide identity or citizenship documentation if eligible for Child Health Plus.

SEND PROOF Refer to the "Documents Needed When You Apply for Health Insurance" in the instructions on pages 1-3, "Documentation Checklist for Health Insurance", for a list of documents that prove Identity, Citizenship or Immigration Status.

*Race/Ethnic Group Codes (optional): A-Asian, B-Black or African-American, I- Native American or Alaskan Native, P- Native Hawaiian or other Pacific Islander, W-White, U-Unknown. Please also tell us if you are Hispanic or Latino-H

Section B Household Information (Continued from previous page)

	Legal First, Middle, Last Name	Date of Birth SEND PROOF	Is this person applying for health insurance?	Is this person pregnant? SEND PROOF	Is this person the parent of an applying child?	What is the relationship to the person in Box 1?	If this person has or had public health coverage in the past, check the box that applies.	Social Security Number (if you have one)	Please mark one box that indicates your current Citizenship or Immigration Status. Not needed for pregnant women SEND PROOF	*Race/ Ethnic Group
03	Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	
04	Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	
05	Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	
06	Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	
07	Full Maiden Name (person's birth name before they were married) City of Birth State of Birth Country of Birth This Person's Mother's Full Maiden Name	/ / ☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No What is the Due Date? / /	☐ Yes ☐ No		☐ Child Health Plus ☐ Medicaid ☐ Family Health Plus ID Number from Benefit Card/Plan Card, if known:		☐ U.S. Citizen ☐ Immigrant/non-citizen Enter the date you received your immigration status __/__/__ Month Day Year ☐ Non-immigrant (Visa holder) ☐ None of the above	

Is anyone in your household a veteran? ☐ Yes ☒ No If yes, name: _____

Effective 7/1/10, citizen children who provide a SSN are not required to provide identity or citizenship documentation if eligible for Child Health Plus.

SEND PROOF Refer to the "Documents Needed When You Apply for Health Insurance" in the instructions on pages 1-3, "Documentation Checklist for Health Insurance", for a list of documents that prove Identity, Citizenship or Immigration Status.

*Race/Ethnic Group Codes (optional): A-Asian, B-Black or African-American, I- Native American or Alaskan Native, P- Native Hawaiian or other Pacific Islander, W-White, U-Unknown. Please also tell us if you are Hispanic or Latino-H

Section C Household Income

Write the types of money and the amount received by everyone listed in Section B and SEND PROOF

Earnings from Work: Includes wages, salaries, commissions, tips, overtime, self-employment. If you are self-employed check here: ☐ Check here if no earnings from work: ☒

Name of Person	Type of Income/Employer Name	How Much? (before taxes)	How Often? (weekly, monthly)

Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veterans' benefits, Workers' Compensation, child support payments/alimony, rental income, pension, annuities and trust income. Check here if no unearned income: ☒

Name of Person	Type of Income/Source	How Much? (before taxes)	How Often? (weekly, monthly)

Contributions: Money from relatives or friends, roomers or boarders (include money that anyone gives you each month to help meet living expenses). Check here if no contributions: ☒

Name of Person	Type of Income/Source	How Much? (before taxes)	How Often? (weekly, monthly)

Other: Temporary (cash) Assistance, Supplemental Security Income (SSI) payments, student grants, or loans. Check here if none: ☒

Name of Person	Type of Income/Source	How Much? (before taxes)	How Often? (weekly, monthly)

1. Do you or any applying adult in Section B have no income? ☐ No ☒ Yes Who? PETER RODRIGUEZ

2. If there is no income listed above, please explain how you are living:
(For example: living with friend or relative) Client is currently incarcerated.

3. Have you or anyone who is applying changed jobs or stopped working in the last 3 months? ☒ No ☐ Yes
If yes: Your last job was: Date ____/____/____ Name of Employer:

4. Are you or anyone who is applying a student in a vocational, undergraduate, or graduate program? ☒ No ☐ Yes
If yes: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate Student's Name:

5. Do you have to pay for childcare (or for care of a disabled adult) in order to work or go to school? ☒ No ☐ Yes

Child's/adult's name:	How much? $	How Often? (weekly, every two weeks, monthly)
Child's/adult's name:	How much? $	How Often? (weekly, every two weeks, monthly)
Child's/adult's name:	How much? $	How Often? (weekly, every two weeks, monthly)

6. If you are not eligible for Medicaid or Family Health Plus coverage, you may still be eligible for the Family Planning Benefit Program. Are you interested in receiving coverage for Family Planning Services only? ☒ No ☐ Yes

Section D Health Insurance

You and your family may still be eligible even if you have other health insurance.

1. Does anyone who is applying have Medicare? ☒ No ☐ Yes If yes, include a copy of your card (red, white and blue card), for each Medicare beneficiary. SEND PROOF
Complete the rest of this application and complete Supplement A.

2. Does anyone who is applying already have other commercial health insurance, including long term care insurance? ☒ No ☐ Yes If yes, you must send a copy of the front and back of the insurance card with this application. SEND PROOF

Name of Insured (primary) _____ Persons Covered _____ Cost of Policy _____ End date of coverage, if ending soon ____/____/____ (Month / Day / Year)

Note: If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do NOT need to complete Supplement A.

3. Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? (see instructions) ☒ No ☐ Yes
If yes, does the public agency where that person works pay all or part of the cost of the health plan? ☐ No ☐ Yes

4. In the past 6 months, has anyone lost or cancelled any type of health insurance that was provided through an employer? ☒ No ☐ Yes (If no, skip to question 5) If yes, what date did you lose coverage? ____/____/____ (Month / Day / Year)

Your answer to this question will help us understand why people change their health insurance.
Why do the person(s) no longer have the health insurance? (Check only one)

- ☐ 1. The person who had the insurance no longer works for the employer that provided the insurance.
- ☐ 2. The employer stopped offering health insurance.
- ☐ 3. The employer stopped offering health insurance for the child(ren) or stopped paying for health insurance for the child(ren) but continued to cover the working parent.
- ☐ 4. The cost of health insurance went up and it was no longer affordable.
- ☐ 5. Child Health Plus or Family Health Plus costs less than the insurance the person(s) used to have.
- ☐ 6. Child Health Plus or Family Health Plus offers better benefits than the insurance the person(s) used to have.

5. Does your current job offer health insurance? We may be able to help pay for it. ☒ No ☐ Yes If yes, a "Request for Information Employer Sponsored Health Insurance" form will be sent to you.

Section E Housing Expenses

1. Monthly housing payment such as rent or mortgage, including property taxes (just your share). $ 0.00

2. If you pay for water separately how much do you pay? $ 0.00 SEND PROOF How often do you pay? ☐ every month ☐ 2 times a year ☐ quarterly (4 times a year) ☐ once a year

3. Do you receive free housing as part of your pay? ☒ No ☐ Yes

Section F Blind, Disabled, Chronically Ill or Nursing Home Care

These questions help us determine which program is best for the applicants.

If no one applying is Blind, Disabled, Chronically Ill or in a Nursing Home **STOP** please go to Section G.

1. Are you, or anyone who lives with you, and is applying, in a residential treatment facility or receiving nursing home care in a hospital, nursing home or other medical institution? ☒ No ☐ Yes
If yes, finish completing this application AND complete Supplement A.

2. Are you or anyone who lives with you blind, disabled or chronically ill? ☒ No ☐ Yes If yes, finish completing this application AND complete Supplement A.
Note: If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do not need to complete Supplement A.

Section G Additional Health Questions

1. Does anyone applying have paid or unpaid medical or prescription bills for this month or the three months before this month? Medicaid may be able to pay these bills or reimburse you.

☒ No ☐ Yes If yes: Name: _____ In which month(s) of the previous three months do you have medical bills? _____

SEND PROOF of income for any month in the three-month period for which you have bills. If you have paid medical bills for which you are seeking reimbursement, you must send copies and proof of payment.

2. Do you, or anyone applying, have any unpaid medical or prescription bills older than the previous three months? ☒ No ☐ Yes

3. Have you, or anyone who lives with you and is applying, moved into this county from another state or New York State county within the past three months? ☒ No ☐ Yes

If yes, who? _____ Which state? _____ Which county? _____

4. Does anyone who is applying have a pending lawsuit due to an injury? ☒ No ☐ Yes If yes, who: _____

5. Does anyone applying have a Workers' Compensation case or an injury, illness, or disability that was caused by someone else (that could be covered by insurance)? ☒ No ☐ Yes

If yes, who? _____

Section H Parent or Spouse Not Living in the Household or Deceased

Families who are applying for their children and pregnant women are NOT required to fill out this section. All other people who are applying and are age 21 or over must be willing to provide information about a parent of an applying minor or a spouse living outside the home to be eligible for health insurance, unless there is good cause. Children may still be eligible even if a parent is not willing to provide this information. If you fear physical or emotional harm as a result of providing information about a parent or spouse not living in the home, you may be excused from providing this information. This is called Good Cause. You may be asked to show that you have a good reason for your fears.

1. Is the spouse or parent of anyone applying deceased? ☒ No ☐ Yes

If yes, name of applicant with deceased parent or spouse : _____ (If spouse or parent is deceased go to question 3.)

2. Does a parent of any applying child live outside the home? (If no, skip to question 3) ☒ No ☐ Yes

If you fear physical or emotional harm if you provide information about a parent who does not live in the home, check this box ☐

Child's Name:	Name of parent living outside the home Date of Birth (if known): ___/___/___	Current or last known address: Street: _____ City/State: _____ SSN (if known): _____
Child's Name:	Name of parent living outside the home Date of Birth (if known): ___/___/___	Current or last known address: Street: _____ City/State: _____ SSN (if known): _____

3. Is anyone applying still married to someone who lives outside the home? ☒ No ☐ Yes If yes, name of person applying who is still married: _____

If you fear physical or emotional harm if you provide information about a spouse who does not live in the home, check this box ☐

Legal name of spouse living outside of the home:	Date of Birth (if known): ___/___/___	Current or last known address: Street: _____ City/State: _____ SSN (if known): _____

PETER RODRIGUEZ 3491603090 NYSID 09839298P DEF 003484

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SECTION I. Health Plan Selection

If you are in receipt of Medicare, **STOP** skip this section.

IMPORTANT: Most people with Medicaid must choose a health plan; if you don't choose a health plan you may be automatically enrolled in one unless it is determined you are exempt. If you need information about what plans are available in your county, what plans your doctor is in and if you have to join, please call New York Medicaid CHOICE at 1-800-505-5678. You can also call or visit your local Department of Social Services. If you already know what plan you want, use this section for your plan choice.

NOTE: If you or family members are found eligible for Medicaid, you will be enrolled in the health plan you choose if it provides Medicaid. If you live in a county that does not require people on Medicaid to join a health plan, you can tell us you do not want to be in a health plan by calling or writing to your local Department of Social Services or by checking this box ☐

Legal Last Name	Legal First Name	Date of Birth	Social Security #	Name of Health Plan You are Enrolling in	Preferred Doctor or Health Center (optional) Check Box if Your Current Provider	OB/GYN (optional)
Rodriguez	Peter			Metro-Plus	☐	
					☐	
					☐	
					☐	
					☐	
					☐	

SECTION J Signature

I agree to have the information on this application and on the annual renewal shared only among Medicaid, the health plans indicated in Section I, the local social services district, and the facilitated enrollment organization providing the application assistance. I also consent to sharing this information with any school-based health center that provides services to the applicant(s). I understand this information is being shared for the purpose of determining the eligibility of those individuals applying for Medicaid, or to evaluate the success of these programs. Each applying adult must sign this application in the space below. I have read and understand the Terms, Rights and Responsibilities included in this application booklet on the next page. I certify under penalty of perjury that everything on this application is the truth as best I know.

12/21/20
Date

Signature of adult applicant or authorized representative for the applicant

Date

Signature of adult applicant or authorized representative for the applicant

TERMS, RIGHTS AND RESPONSIBILITIES

By completing and signing this application, I am applying for Medicaid, Family Health Plus, and Child Health Plus. I understand that this application, notices and other supporting information will be sent to the program(s) for which I want to apply. I agree to the release of personal and financial information from this application and any other information needed to determine eligibility for these programs. I understand that I may be asked for more information. I agree to immediately report any changes to the information on this application.

- I understand that I must provide the information needed to prove my eligibility for each program. If I have been unable to get the information for Medicaid or Family Health Plus, I will tell the social services district. The social services district may be able to help in getting the information.
- If I am applying at a place other than a local department of social services, and my children are not found eligible for Medicaid using this application, I can contact the local department of social services to see if my children are eligible for Medicaid on some other basis.
- I understand that workers from the programs for which family members or I have applied may check the information given by me for this application. The agencies that run these programs will keep this information confidential according to 42 U.S.C. 1396a (a) (7) and 42 CFR 431.300-431.307, and any federal and state laws and regulations.
- By applying for Child Health Plus, I agree to pay the applicable premium contribution not paid by New York State.
- I understand that Medicaid, Family Health Plus, and Child Health Plus will not pay medical expenses that insurance or another person is supposed to pay, and that if I am applying for Medicaid or Family Health Plus, I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits.
- I will file any claims for health or accident insurance benefits or any other resources to which I am entitled. I understand that I have the right to claim good cause not to cooperate in using health insurance if its use could cause harm to my health or safety or to the health and safety of someone I am legally responsible for.
- I understand that my eligibility for these programs will not be affected by my race, color, or national origin. I also understand that depending on the requirements of these individual programs, my age, sex, disability or citizenship status may be a factor in whether or not I am eligible.
- I understand that if my child is on Medicaid or Family Health Plus, he or she can get comprehensive primary and preventive care, including all necessary treatment through the Child/Teen Health Program. I can get more information on this program from the local department of social services.
- I understand that anyone who knowingly lies or hides the truth in order to receive services under these programs is committing a crime and subject to federal and state penalties and may have to repay the amount of benefits received and pay civil penalties. The New York State Department of Tax and Finance has the right to review income information on this form.

SOCIAL SECURITY NUMBER

Child Health Plus: SSNs are not required to enroll in Child Health Plus. If available, I will include it for children applying for Child Health Plus.

Medicaid, or Family Health Plus: SSNs are required for all applicants, unless the person is pregnant or a non-qualified alien. SSNs are not required for members of my household who are not applying for benefits. I understand that this is required by Federal Law at 42 U.S.C. 1320b-7 (a) and by Medicaid regulations at 42 CFR 435.910. SSNs are used in many ways, both within department of social services (DSS) and between the DSS and federal, state, and local agencies, both in New York and other jurisdictions. Some uses of SSNs are: to check identity, to identify and verify earned and unearned income, to see if non-custodial parents can get health insurance coverage for applicants, to see if applicants can get medical support, and to see if applicants can get money or other help. SSNs may also be used for identification of the recipient within and between central governmental Medicaid agencies to insure proper services are made available to the recipient. Also, if I apply for other programs in this joint application, those programs will have access to my SSN and could use it in the administration of the program.

FOR MEDICAID APPLICANTS ONLY

- **Release of Educational Records**
  I give permission to the local department of social services and New York State to obtain any information regarding the educational records of my child(ren), herein named, necessary for claiming Medicaid reimbursements for health-related educational services, and to provide the appropriate federal government agency access to this information for the sole purpose of audit.
- **Early Intervention Program**
  If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the local department of social services and New York State to share my child's Medicaid eligibility information with my county Early Intervention Program for the purpose of billing Medicaid.

- **Reimbursement of Medical Expenses**
  I understand that I have a right as part of my Medicaid application, or later, to request reimbursement of expenses I paid for covered medical care, services and supplies received during the three month period prior to the month of my application. After the date of my application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid enrolled providers.

FAMILY HEALTH PLUS AND MEDICAID MANAGED CARE

I understand that in order to receive Family Health Plus benefits, I must join a managed care health plan. I also know that in some counties, joining a health plan may be required to receive Medicaid. I have read how to find out whether my county requires Medicaid enrollees to join a health plan, and how to find out what health plans are available to me in Family Health Plus and in Medicaid managed care. I understand that if I am found eligible for Family Health Plus, I will be enrolled in the Family Health Plus plan I have chosen. I/we also understand that if I/we are found eligible for Medicaid instead of Family Health Plus and I/we are in a county that requires Medicaid enrollees to be in a managed care health plan, I/we will be enrolled in the health plan I/we chose unless that health plan does not participate in Medicaid managed care. If I/we are in a county that does not require enrollees to be in a Medicaid managed care health plan, I/we will still be enrolled in the health plan I/we chose unless I/we notify my local social services department in writing, or I/we check the box in Section I, that I/we do not want to be in that plan.

I have read how to find out the rights and benefits that I will have as a member of a managed care health plan and the benefit limitations of managed care membership. I understand that in both Family Health Plus and Medicaid managed care, I must choose a Primary Care Provider (PCP) and that I will have a choice from at least three PCPs in my health plan. I understand that once I enroll in a health plan, I will have to use my PCP and other providers in my health plan except in a few special circumstances.

I understand that if a child is born to me while I am a member of a Medicaid managed care health plan, my child will be enrolled in the same health plan that I am in. I understand that if a child is born to me while I am a member of a Family Health Plus plan that also participates in Medicaid managed care, my child will be enrolled in the same health plan that I am in.

- **Release of Medical Information**
  I consent to the release of any medical information about me and any members of my family for whom I can give consent:
  - By my PCP, any other health care provider or the New York State Department of Health (NYSDOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations. This may include pharmacy and other medical claims information needed to help manage my care;
  - By my health plan and any health care providers to NYSDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid, Child Health Plus, and Family Health Plus programs; and
  - By my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations.

I also agree that the information released for treatment, payment and health care operations may include HIV, mental health or alcohol and substance abuse information about me and members of my family to the extent permitted by law, until I revoke this consent.

If more than one adult in the family is joining a Family Health Plus or Medicaid health plan, the signature of each adult applying is necessary for consent to release information.

- **Reimbursement of Medical Expenses**
  I understand that if I am determined eligible for Family Health Plus my enrollment will be effective no later than 90 days from the date of submission of a completed application. In the event of an error or delay in my enrollment, Medicaid may be able to reimburse me for reasonable medical expenses I pay as a result of the error or delay. Medicaid may pay my provider for any unpaid expenses only if that provider is a Medicaid enrolled provider.

FOR OFFICE USE ONLY

To be completed by the person assisting with the application

Signature of Person Who Obtained Eligibility Information:	Employed By: (check one)
X Thomas	☐ Community-Based Facilitated Enrollment Agency ☐ Health Plan ☐ Social Services District ☐ Provider Agency ☐ Qualified Entities Employer Name: NYC HHC CHS BCP Services

To be completed by Facilitated Enrollers

Facilitated Enroller:		Lead Agency/Plan Name:		Lead Org/Plan ID:
Language Used for Application Assistance:	Application Start Date:	Application Sequence Number:	Application Completion Date:	Enter Code of Applying Child: Medicaid _____ CHPlus _____

To be used by the local Social Services District

Eligibility Determined By:	Date:	Eligibility Approved By:		Date:
Center Office:	Application Date:	Unit ID:		Worker ID:
Case Name:	District:	Case Type:		Case #:
Effective Date:	MA Disposition Reason Code: ☐ Denial Code ☐ Withdrawal	Proxy: ☐ Yes ☐ No	Registry #:	Ver:

To be used by Child Health Plus Plans

CHPlus Disposition: ☐ Approved ☐ Denied	Denial Code:	Effective Date:	# Children Enrolled (CHPlus):

PETER RODRIGUEZ 3491603090 NYSID 09839298P AMKC

NYC HEALTH+ HOSPITALS

CHS
65 Water Street
New York, NY 10041

Social Work Re-Entry

LETTER

Dear HRA:

I am currently incarcerated and am unemployed. I am in need of health insurance. My income or support is being provided by SUPPORTED BY SELF

Peter Rodriguez

Applicant Name (Print)

Applicant Signature

12/21/20

Date

HISTORY SHEET

DOH-4220 (2010 & 2008 Versions)
DOH-4495A and LDSS-2921

NYC Human Resources Administration
Department of Social Services

MAP-25A.....Rev.06/09/10

CASE NAME	CASE OR REGISTRATION #	MAP SITE/AGENCY
RODRIGUEZ, PETER	09839298P	

SECTIONS THAT REQUIRE DOCUMENTATION	DOCUMENTATIONS SEEN/REMARKS
DOH-4220 – 2010 (Section B) **DOH-4220 – 2008 (Section B)** **DOH-4495A – 2010 (Section A)** **LDSS-2921 (Section 6)** Identification of all applying individuals. If known to WMS indicate case number/CIN	NYC DEPARTMENT OD CORRECTIONS AMKC FACILITY INMATE IDENTIFICATION
DOH-4220 – 2010 (Section D) **DOH-4220 – 2008 (Section C)** **LDSS-2921 (Section 19)** Health Insurance from employment/ self-pay/Union/Medicare	N/A
DOH-4220 – 2010 (Section B) **DOH-4220 – 2008 (Section D)** **LDSS-2921 (Sections 8 & 9)** Citizenship/Alien Status **Not required for pregnant women**	CLIENT HAS AN ACTIVE SOCIAL SECURTIY NUMBER
DOH-4220 – 2010 (Section C) **DOH-4220 – 2008 (Section E)** **LDSS-2921 (Section 14)** Household Income: Earned/Unearned/Wages/UIB/SS/VA/ support from friends or relatives/pensions	SELF-ATTESTAION LETTER
DOH-4220 – 2010 (Section G) **DOH-4220 – 2008 (Section G)** **LDSS-2921 (Section 19)** Illness/Injury: Does case need to be referred to DRD? Is this an MBI/WPD case? Do you need: DSS-486T/1151	THIS CLIENT IS AN ACTIVE BRAD H MEMBER

DOH-4220 – 2010 (See 4495A) **DOH-4220 – 2008 (Section I)** **DOH-4495A – 2010 (Sections D-I)** **LDSS-2921 (Section 18)** Resources	SELF-ATTESTATION LETTER
DOH-4220 – 2010 (Section H) **DOH-4220 – 2008 (Section J)** **LDSS-2921 (Section 11)** Absent Parent/Absent Spouse: DSS-2521 is to be used	N/A
DOH-4220 – 2010 (Section I) **DOH-4220 – 2008 (Section K)** **LDSS-2921 (Section 19)** Health Plan Selection for all applicants	METRO PLUS (METROPOLITAN HEALTH PLUS) CARE PLAN
Case Notes Indicate program: CHP'A', CHP'B', FHP, MBI/WPD, MSP	THIS CLIENT IS AN ACTIVE BRAD H MEMBER
HED/Client Rep. Cases Inquire how household has been maintained until now, and summarize what changes have occurred to request assistance at this time.	SELF-ATTESTATION LETTER
Decision Notes What is the decision? What notices were sent?	

SIGNATURE OF INTERVIEWER	DATE	SIGNATURE OF PROCESSOR *(If applicable)*	DATE
SIGNATURE OF SUPERVISOR *(If applicable)*	DATE		

(Use Additional Sheet If Necessary)

Peter Rodriguez
B&C# 3491603090

CHANGE HEALTHCARE

Application and Imaging Manager

NYC Health + Hospitals

Home | Submit Completed Applications | Log Out

Book Case# 3491603090 County 68 Name PETER RODRIGUEZ

Admit Date 03/11/2016 MCD Status 12/22/2020-NEW CASE IN PROGRESS

Daily Processing | Application Menu | Case Inquiry | Reports | System Utilities

Prior to transferring cases, confirm that you have:

1. Completed the interview process.
2. The application has the proper signature and date.
3. All supporting documentation has been scanned.

Member#	Applying member
0	PETER RODRIGUEZ

No errors, case has been flagged for transfer.

Signature/Application Date 12/21/2020

Application flagged for transfer

Cancel | Submit Application | Flag for Transfer | Unflag for Transfer | Images Sel

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Social Work - Social Work Orientation

Patient: **PETER RODRIGUEZ** DOB Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **AMKC** Housing Area: **QUAD-L6**

Social Work Orientation Documents: Brad H
Authorization of Release of Information/BradH Consent: **Yes**
Date of Release of Information/Brad H Consent: **12/21/2020**
Authorization for Disclosure of Medical Records/HIV: **Yes**
Date of Disclosure of Medical Records/HIV: **12/21/2020**
Authorization for Disclosure of Alcohol and/or Substance Abuse Information: **Yes**
Date of Disclosure of Alcohol and/or Sub. Abuse: **12/21/2020**
Did you ever receive SSI/SD benefits? **No**
Were you receiving SSI/SSD benefits at the time you were incarcerated? **No**

Social Work Orientation Documents: Other
Receipt of Brochures: **Yes**
Pharmacy: **Yes**

Signed By: Thomas, Ashley at 12/22/2020 9:33:50 AM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Ashley Thomas	**Service Provider:**			
Auth Provider NPI:					
Signing Provider:	Ashley Thomas				
Phone:		**Phone:**			
Fax:		**Fax:**			
Patient Name:	PETER RODRIGUEZ	**DOB:**		**Age:**	31
Home Phone:		**Sex:**	Male	**SSN:**	
Work Phone:		**Cell Phone:**		**Patient ID:**	23447
Resp. Provider:					

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SWORIENT	MH Social Work Order - Social Work Orientation	
Order Number:	766404-2	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/21/2020	**End Date:** 12/21/2020
Electronically signed by:	Ashley Thomas	**Signed on:** 12/22/2020 9:32:26 AM
Instructions:		

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Ashley Thomas	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Ashley Thomas		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
MEDICAIDPRE	MH Social Work Order - Medicaid Application	
Order Number:	766404-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/21/2020	**End Date:** 12/21/2020
Electronically signed by:	Ashley Thomas	**Signed on:** 12/22/2020 9:32:26 AM
Instructions:		

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

MH - Social Work - Medicaid Application
Patient:
PETER RODRIGUEZ
DOB:

Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
AMKC
Housing Area:
QUAD-L6

HRA Consent:
Yes

Medicaid Determination:
New Application Needed

Medicaid Application Submitted:
Yes

Medicaid Application Submitted Date:
12/21/2020
Reoffer of Medicaid Application: Yes
Reoffer of Medicaid Application Date: 12/21/2020

Signed By: Thomas, Ashley at 12/22/2020 9:32:56 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **AMKC** Housing Area: **QUAD-L6**

Missed Visit Type

Missed Visit type? MH Visit
The following services were missed (MH Visit): Suicide Watch Rounds Progress Note

Missed Visit Comments

Date of scheduled visit? 12/21/2020
What was the reason for missed visit? Left without being seen
Missed visit comments: Patient was moved off the unit for transfer to CDU as of 4:15pm. CDU will follow-up with his suicide watch encounters upon his arrival.

Signed By: Fineran, Virginia at 12/21/2020 4:35:34 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
[redacted]
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
AMKC
Housing Area:
QUAD-L6

Type of Visit

Type of Visit: In Person

Subjective

Subjective: "I pulled a stunt. I thought I could get to Bellevue for a week. The house was hot. I didn't want to come here."

DOC Staff/SPA Observation Report

Name of Correction Officer: Mills Mai
Badge Number: 15548
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 1
Tour: Day

Observed Behavior

Observed behavior: The writer met with the patient while speaking through the partition between the day room and the bridge. MH staff was given a directive by MH administration not to enter the unit until the patient was transferred, apparently due to his history of violence and aggression. The patient appeared well compensated. He stated that his housing unit was too restrictive and "hot," and he stated that he tied a sheet around his neck and left a note because "I wanted to go to Bellevue for a week to chill." Due to the public nature of this encounter, it was not possible for the writer to do a complete assessment, as leaving a note is a concerning sign. The writer was also informed by Senior Psychiatrist that the patient was to be transferred to CDU. Despite the patient's explanation for his behavior, he will remain on SW given his impending transfer and the impossibility of doing a complete assessment.

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Overweight, Well Groomed, Well Dressed
Behavior: Cooperative
Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): see above
Affect: Appropriate, Full Range
Impulse control: Moderate
Impulse control notes: patient was in the day room talking to officers, although he has a hx of violence.
Thought process: Spontaneous, Relevant, Goal Directed
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: Recent Gesture
Homicidal: No Homicidal Thoughts
Judgement: Mildly Impaired
Insight: Aware Accepts Treatment

Risk Assessment

Please describe: Patient has recent gesture and he left a note. Patient's last targeted and last SW note was over a year ago.
If so, has he/she made preparations? No
Is the patient imminently suicidal (consider hospitalization)? No
If so, what factors may precipitate an attempt? increase in stressors. Patient is apparently facing 25-to-life.
What precautions are being taken to minimize risk? SW.
Risk factors: Crime committed is shocking, Closeness to court date or sentencing
Protective Factors: Coping Skills, Capacity for reality testing, Adjusted to environment
Have you tried to hurt yourself in the past? Yes
Date range: Last 3 months
Please describe if date specifics are known:: 12/17; wrapped towel around his neck.
Lethality of attempts: Low
Medical attention required: No

Disposition/Level of Care

Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24) Borderline personality disorder
Disposition/Level of Care? MO Housing-Suicide Watch
Suicide Watch to Continue: Yes

Signed By: Schwartz, Jonah at 12/21/2020 2:16:19 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Lauren Outlaw MH Prof	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Amber Testa Aso Dir MH		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	

Order Number: 764989-1 **Quantity:** 1
Authorization #: **Priority:**
Start Date: 12/21/2020 **End Date:** 12/21/2020
Electronically signed by: Amber Testa Aso Dir MH **Signed on:** 12/21/2020 1:56:00 PM
Instructions: Currently in AMKC-- if arrives during your shift please see for PM suicide watch rounds.

DEF 003501

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **AMKC** Housing Area: **QUAD-L6**

Disposition
Selected disposition: **CDU**

Signed By: Aung, Kyaw at 12/21/2020 10:25:01 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

MED - CDU - Pre-Admission

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **AMKC** Housing Area: **QUAD-L6**

CDU Pre-Admission Reason

Reason for Visit: AE hosusing , security reason last date 12/25/2020
Admit patient to CDU? Yes

Signed By: Aung, Kyaw at 12/21/2020 10:24:30 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Psychiatry - Medication Reevaluation

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
RR

Type of Visit

Type of Visit: Cellside Encounter

Subjective

Subjective (include general summary of functioning since last psychiatric provider note. This includes relevant clinical events, review of symptoms related to diagnosis patient is being treated for, and any recent self-injury or violence): Patient was transferred from MDC on suide watch after he was found in his cell with a sheet around his neck. He was seen by medical and was sent to the hospital for further evaluation. He states, "I don't why they sent me here." Reports that he tied sheet around his neck as a stunt which happened two days ago. However per chart review, he was sent to the hospital for evaluation because he was unresponsive and with blood around his facial area which they could not find the source. A goodbye letter was found as well, leaving everything to his two sons. Shared that he got a bad phone call and was having a bad day, but is doing better now. currently denies si/hi/a/vh

Medication Compliance

List every psychiatric medication being prescribed and percent compliance since last Psychiatric Provider visit: BUSPIRONE HCL 10 MG TABLET BID 10mg TWICE A DAY 12/08/2020 12/22/2020 16/24 = 67% NON-CARRY Active ORAL 12/20/2020 9:00:00 AM 12/20/2020 9:00:00 PM
MIRTAZAPINE 15 MG TABLET HS 15mg AT BEDTIME 12/08/2020 12/22/2020 8/12 = 67%

Medication Side Effect

Medication Side Effect: No

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Normal Weight
Behavior: Cooperative, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate
Language: No abnormalities observed

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Concentration: Adequate
Affect: Appropriate
Impulse control: Adequate
Thought process: Spontaneous, Organized, Blocking
Thought content: No Abnormalities Observed
Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: Recent Gesture
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Vital Signs and Lab Results Flowsheet

Change in Medication
Change in medication regimen: No

Patient Education - Side Effects
Patient education provided on side effects of proposed medication: Yes

Clinical / Risk Formulation and Plan
Formulation (include identifying information, diagnosis and relevant history, general elements of treatment plan, status of current symptoms related to diagnosis, and if any acute issues related to risk of harm to self/others) (1st 2000 Char): Patient was transferred from MDC on suide watch after he was found in his cell with a sheet around his neck. He was seen by medical and was sent to the hospital for further evaluation. He states, "I don't why they sent me here." Reports that he tied sheet around his neck as a stunt which happened two days ago. However per chart review, he was sent to the hospital for evaluation because he was unresponsive and with blood around his facial area which they could not find the source. A goodbye letter was found as well, leaving everything to his two sons. Shared that he got a bad phone call and was having a bad day, but is doing better now. currently denies si/hi/a/vh.

Based on patient recent self-harm gesture he will be admitted to C-71 on suicide watch as a precautionary measure
Diagnoses at this visit: Borderline personality disorder
Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Current Medications:
MIRTAZAPINE 15 MG (REMERON 15 MG) (MIRTAZAPINE) 15 mg by mouth qhs; Route: ORAL
BUSPIRONE HCL 10 MG (BUSPAR 10 MG) (BUSPIRONE HCL) 10 mg by mouth bid; Route: ORAL

Plan: Admit to C-71 on SW
continue medication
New Orders:
MH Order - Psychiatry Medication Reevaluation [PSYCHMEDEVAL]

Disposition/Level of Care
Disposition/Level of Care? C-71 Admission to Suicide Watch

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Disposition
Selected disposition: **C-71 Admission to Suicide Watch**

Signed By: Brooks, Dageria at 12/20/2020 7:50:59 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Allison Johnson MH Prof	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Allison Johnson MH Prof		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
TARGETEVAL	MH Order - Targeted Evaluation of Self-Destructive Behavior	

Order Number: 763511-1 **Quantity:** 1
Authorization #: **Priority:**
Start Date: 12/20/2020 **End Date:** 12/20/2020
Electronically signed by: Allison Johnson MH Prof **Signed on:** 12/20/2020 4:35:43 PM
Instructions:

DEF 003507

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Allison Johnson MH Prof	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Allison Johnson MH Prof		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
SUICDEWATCHNOTE	MH Order - Suicide Watch Rounds Progress Note	

Order Number: 763510-1
Quantity: 1
Authorization #:
Priority:
Start Date: 12/20/2020
End Date: 12/20/2020
Electronically signed by: Allison Johnson MH Prof
Signed on: 12/20/2020 4:35:00 PM
Instructions:

DEF 003508

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Uniform Notification for Self Injuries

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
RR

Self-Harm Incident Details

Incident Date: 12/20/2020
Incident Time (type in field): 0217
Incident Facility: MDC
Incident Housing Area (type in field): 9S

Notification

Notification by: Medical
Description of Incident (check all that apply): Tied or placed sheet/string/cord around neck
REQUIRED TREATMENT AND DISPOSITION (check all that apply): Sent to Hospital, Seen by Medical, Change in Housing Area
Which Hospital? Bellevue
Which Housing Area? 9S

Disposition/Level of Care

Diagnosis: Adjustment disorder with disturbance of conduct
Borderline personality disorder
Disposition/Level of Care? C-71 Admission to Suicide Watch

Signed By: Johnson, Allison at 12/20/2020 11:23:10 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Targeted Evaluation of Self-Destructive Behavior

Patient:
PETER RODRIGUEZ
DOB:
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
RR

Self-Harm Incident Details

Incident Date: 12/19/2020
Incident Facility: MDC
Incident Housing Area (type in field): 9S

Self Harm Incident Review

Description of Incident: (Method, Number and type of pills, Staff invovement): 12/19- at 0217 As per NU Emergency Respone Note: pt. found in cell awake but unresponsive to verbal stimuli. pt. was noted to have blood on his nose and lips. As per DOC pt attempted to hang himself and was cut down once spotted.
Patient's conscious motivation, Precipitating factors, Previous MH History: Pt. is not acknowledging clinician who attempted to talk with him this morning (12/20). Pt. is facing a possible long prison sentence.
Patient's future goals, intent to repeat behavior, coping skills: Pt. wrote a will on 12/18/20 leaving his property to his two children.

Action Taken

Suicide Watch: Yes
Housing Change: MHC/C71
Change in Medication: No
Sent to Hospital: Other
Please describe if sent to hospital: c71 on Suicide Watch.
INCIDENT ASSESSMENT: Suicide Attempt

Disposition/Level of Care

Diagnosis: Adjustment disorder with disturbance of conduct
Borderline personality disorder
Disposition/Level of Care? C-71 Admission to Suicide Watch

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Signed By: Johnson, Allison at 12/20/2020 11:19:24 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name: PETER RODRIGUEZ
Latest Book and Case#: 3491603090
NYSID: 09839298P
Patient Facility: AMKC
Appended to : MH - Targeted Evaluation of Self-Destructive Behavior - 12/20/2020

this is deemed a SUICIDE ATTEMPT

Signed By: Rosenberg, David at 12/21/2020 2:22:26 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

WORK STATUS

Authorizing Provider:	Allison Johnson MH Prof	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Allison Johnson MH Prof		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
TARGETEVAL	MH Order - Targeted Evaluation of Self-Destructive Behavior	

Order Number: 763345-1 **Quantity:** 1
Authorization #: **Priority:**
Start Date: 12/20/2020 **End Date:** 12/20/2020
Electronically signed by: Allison Johnson MH Prof **Signed on:** 12/20/2020 9:48:40 AM
Instructions:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
11
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
RR

Type of Visit

Type of Visit: In Person

Subjective

Subjective: Pt. refused to acknowledge writer who was outside of his cell door on 9S in MDC

DOC Staff/SPA Observation Report

Name of Correction Officer: CO Trocchia
Badge Number: 10734
Start Date of Suicide Watch: 12/19/2020
Number of Days on Suicide Watch: 1
Tour: Evening

Observed Behavior

Observed behavior: pt. was standing in his cell under the tv watching the television. writer knocked on pt's cell door several times and he refused to acknowledge writer.

Mental Status

Orientation: Unable to assess
Appearance: Unable to assess
Behavior: Uncooperative
Activity: Unable to assess
Speech: Unable to assess
Language: Unable to assess
Concentration: Unable to assess
Mood (use patient's own words to describe current feeling state): pt. refused to be engaged
Affect: Appropriate
Affect notes: pt. was watching tv. Affect seems appropriate
Impulse control: Unable to assess
Impulse control notes: pt. is on suicide watch.
Thought process: Unable to assess

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Thought content: Unable to assess
Perceptual disturbance: Unable to assess
Memory Unable to assess
Suicidal: Recent Attempt
Homicidal: Unable to assess
Judgement: Unable to assess
Insight: Unable to assess
Mental Status Additional Notes: Pt. wrote a "WILL" on 12/18/20 stating: I leave everything I have to my 2 sons, Logan Rodriguez and Chase Rodriguez. All Money and future payments or settlements of mine go to my 2 sons Logan Rodriguez and Chase Rodriguez.

Risk Assessment

Please describe: pt. made a suicide attempt on 12/19. Pt. wrote a suicide note on 12/18/20, see above
If so, has he/she made preparations? Yes
Please describe preparations: pt. made an attempt to harm self on 12/19 and was sent out to Bellevue but returned
If so, what factors may precipitate an attempt? pt. is facing long prison sentence
What precautions are being taken to minimize risk? suicide watch. sending pt. to c71 on suicide watch
Risk factors: Previous suicide attempt, Closeness to court date or sentencing
Have you tried to hurt yourself in the past? Yes
Method, precipitant: Tied/placed sheet/string/cord around neck
Date range: Last 3 months
Please describe if date specifics are known:: 12/19/20
Lethality of attempts: Medium
Medical attention required: Yes

Disposition/Level of Care

Diagnoses at this visit: Adjustment disorder with disturbance of conduct
Borderline personality disorder
Disposition/Level of Care? C-71 Admission to Suicide Watch
Suicide Watch to Continue: Yes

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Disposition
Selected disposition: **C-71 Admission to Suicide Watch**

Signed By: Johnson, Allison at 12/20/2020 9:43:24 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

SUMMARY BELLVUE

Imported By: Ajele Bowers 12/22/2020 10:07:10 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 12/22/2020 10:07:31 AM

AFTER VISIT SUMMARY

NYC HEALTH+ HOSPITALS | Bellevue

Peter Rodriguez MRN: 4443620

12/19/2020 Bellevue ED ADULT 212-562-4141

Instructions

Please place patient on suicide watch. Please return patient to the emergency department for any concerns such as: Shortness of breath, chest pain, suicide attempt or any other concerning symptoms

What's Next

You currently have no upcoming appointments scheduled.

General Emergency Department Discharge Instructions

We appreciate that you chose us as your healthcare provider.

This form provides you with information about the care you received in our Emergency Department and instructions about caring for yourself after you leave the Emergency Department. If you have further questions concerning this visit please call us at the included phone number above on this form. Please keep this form and bring it with you should you need additional treatment. If your symptoms become worse or you are not improving as expected and you are unable to reach your usual health care provider, or get to your follow-up appointment, you should return to the Emergency Department immediately. We are available 24 hours a day.

It is important that you keep appointments that may have been scheduled. If you are unable to make an appointment, please call the corresponding clinic to reschedule your appointment.

Instructions

Talk with your provider about your medications

ASK how to take:

acetaminophen 325 MG tablet (TYLENOL)

albuterol 108 (90 Base) MCG/ACT inhaler (PROVENTIL HFA;VENTOLIN HFA)

beclomethasone 40 MCG/ACT 40 MCG/ACT inhaler (QVAR)

Review your updated medication list below.

Today's Visit

You were seen by Masashi J. Rotte, MD and Mallika Singh, MD

Reason for Visit
Suicide Attempt

Diagnosis
Suicide attempt by hanging, initial encounter (HCC)

Lab Tests Completed
- APTT
- Acetaminophen level
- Basic Metabolic Profile
- CBC and Differential
- Ethanol
- Hepatic Function Panel
- Protime - INR
- Salicylate level

Imaging Tests
- CT Angio Neck with contrast
- CT Head without contrast
- CT Maxillofacial without contrast
- ECG 12 Lead

Medications Given
- haloperidol lactate (HALDOL) Last given at 9:15 AM
- iohexol (OMNIPAQUE) Last given at 9:15 AM
- ketamine (KETALAR) Last given at 9:15 AM
- ketamine (KETALAR) Last given at 9:15 AM
- ketamine (KETALAR) Last given at 8:30 AM
- LORazepam (ATIVAN) Last given at 6:45 AM
- midazolam (VERSED) Last given at 9:15 AM

Home Medication Information

The list of your home medications is based on the information provided by you (or your representative) during your Emergency Department visit, and/or the information contained in your medical record. In addition, some of your home medications **may have been changed** by the Emergency Department provider who evaluated you. These changes **may** include:

- New medications
- Changes to the amount or how often you take a medication
- Discontinuation of a medication

Please review the information below carefully. **Continue all your current medications as you are presently taking, with the exception of the following changes below. If you have questions about any of the medications or the changes, please contact your Primary Care Physician, the Provider who prescribed the medication, or your Pharmacist.**

Changes to Your Medication List

You have not been prescribed any medications.

Our records indicate that you do not meet the minimum age required to sign up for MyChart.

Parents or legal guardians who would like online access to Peter's medical record via MyChart should request access via Proxy from your clinic staff or local Health Information Department.

Need help signing up for MyChart? Call our MyChart Help Line at 1-844-920-1227 and press 1 for MyChart assistance. Our team is available Monday - Friday, 9:00 AM - 5:00 PM ET.

Your Treatment Plan

The treatment you have received during your visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. The information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper treatment of your condition.

NYC Health and Hospital Virtual ExpressCare

Introducing Virtual ExpressCare: Get Urgent Care with Just One Click

Virtual ExpressCare is an easy way to see a doctor about health issues that are not emergencies. You can see one of our doctors in less than 5 minutes from your home. We have interpretation services in over 200 languages.

Go to E[illegible]esscare.nyc to start a video visit from your smartphone or computer. You do not need to download any applications. A NYC Health + Hospitals support hero will help you register, and a doctor will see you.

Get high quality, low-cost urgent care from anywhere! ExpressCare takes most insurance plans. If you do not have health insurance, we can help you enroll. If you do not qualify or cannot afford health insurance, we can help you get NYC Care, our health care access program.

Visit Expresscare.nyc or point your smartphone camera at the QR code to talk to a doctor now.

NYC Health and Hospital Virtual ExpressCare (continued)

Sign up for COVID Home Monitoring

We know this is an overwhelming time and would like to support you by helping monitor your symptoms at home. By enrolling in our free "Stay-at-Home Monitoring Program" you will receive several text messages on your mobile phone each day asking about your symptoms, including your breathing. Your responses will be closely monitored by our doctors. If your symptoms get worse, we will call you and help you get the care you need. To sign up for this free service, go to https://covidtesting.nychealthandhospitals.org/ or by texting "COVID" to 89888. Standard text message rates apply.

COVID-19 Message

For the latest information from NYC Health + Hospitals about the outbreak of respiratory illness caused by the coronavirus known as COVID-19, go to https://www.nychealthandhospitals.org/healthtips/what-you-need-to-know-about-the-coronavirus/

If you have a fever, cough, sore throat, or shortness of breath that is unrelated to an existing condition, or have questions about COVID-19 testing, please call 1-844-NYC-4NYC (1-844-692-4692).

Thank you for being a patient at BELLEVUE ED ADULT today. If your prescription was sent to the internal hospital pharmacy, please keep this paper for your records and provide to the pharmacist when you arrive. Thank you again!

Patient EMPI: 26314622 - For Internal Pharmacy Use Only

Acknowledgement of Discharge Instructions

- I understand the treatment received during this visit was provided on an **emergency basis only** and is not meant to be a replacement for ongoing medical care. I also understand the information provided in these discharge instructions, **including follow up information**, should be followed in order to ensure proper ongoing treatment of my complaint/diagosis.

- A member of the Emergency Department staff has reviewed the discharge instructions provided to me and has answered any questions I may have had regarding these instructions.

_____
Patient/Representative Signature

_____
Relationship to Patient

_____ _____
Date *Time*

_____
Witness

_____ _____
Date *Time*

Peter Rodriguez
CSN: 52268259
DOB: 11/6/1990 male
MRN: 4443620
Adm Date:
12/19/2020

Rodriguez, Peter (MRN 4443620) DOB: 11/06/1990

Encounter Date: 12/19/2020

Do you have a question about this report?

Ask a Question

Rodriguez, Peter

MRN: 4443620

ED 12/19/2020 (11 hours)
Status: Discharged
Bellevue ED ADULT

Last attending: Masashi J. Rotte, MD • Treatment team
Primary impression: Suicide attempt by hanging, initial encounter (HCC)
Chief complaint: Suicide Attempt

ED Provider Notes

Note Initiated: 12/19/2020 at 4:42 AM
Encounter Date: 12/19/2020

C71.
Buchard.
8209.

Chief Complaint:

Chief Complaint
Patient presents with
- Suicide Attempt

History of Present Illness:

Pt in DOC custody with extensive psych hx well known to this hospital brought in for report of attempted hanging in Riker's Island
On attempted interview pt refused to answer my questions and just stared at the wall
Given his history of violence I conducted a limited PE

History provided by: **Police and medical records**
History complicated by: **Psychiatric disorder**

Illness
Location: **Suicide attempt**
Severity: **Unable to specify**
Onset quality: **Unable to specify**
Timing: **Unable to specify**
Progression: **Unable to specify**
Chronicity: **Recurrent**

History:

Past Medical History:

Diagnosis	Date
• Asthma	
• Bipolar 1 disorder (HCC)	
• Drug abuse (HCC)	
• ETOH abuse	
• Obesity	

History reviewed. No pertinent surgical history.

Family History

Problem	Relation	Age of Onset
• Other	Mother	
has a "big heart" and wears an external monitor device		
• Heart murmur	Maternal Grandmother	

died in her early 50s of a "heart murmur"

Social History

Tobacco Use
- Smoking status: Unknown If Ever Smoked
- Smokeless tobacco: Never Used

Substance Use Topics
- Alcohol use: Yes
- Drug use: Yes

Review of Systems:
Review of Systems
Unable to perform ROS: Psychiatric disorder

Physical Exam:
Physical Exam
Constitutional:
Appearance: He is well-developed. He is obese.
HENT:
Head: Normocephalic.
Comments: **Blood on face - unclear where it is from**
Eyes:
General: No scleral icterus.
Neck:
Vascular: No JVD.
Comments: **No obvious ligature marks**
Pulmonary:
Effort: No respiratory distress.
Breath sounds: No stridor.
Neurological:
Comments: **MAE**
Psychiatric:
Comments: **Pt did not speak or look at me during the exam**

Medications:
Patient's Medications
New Prescriptions
No medications on file
Previous Medications

Modified Medications
No medications on file
Discontinued Medications

No medications on file

Allergies:
Allergies

Allergen	Reactions
• Clindamycin	Hives

Vital Signs:
Visit Vitals

Assessment and Plan:

Suicide attempt
Bleeding from face
Psych disorders

Labs, imaging to r/o trauma or vasc injury
If all neg will d/c to CPEP for eval for SA

Masashi J. Rotte, MD
12/19/20 0852

Other Notes

All notes

- ED Notes from Anne M Wendland, NP (Psychiatric Emergency Dept)
- ED Notes from Patricia Keegan Nicolescu, RN (Emergency Dept)
- ED Notes from Patricia Keegan Nicolescu, RN (Emergency Dept)
- ED Notes from Patricia Keegan Nicolescu, RN (Emergency Dept)

Additional Orders and Documentation

Results **Meds** **Orders** **Flowsheets**
Imaging

Encounter Info: History, Allergies, Detailed Report

New Media

Scan on 12/19/2020 1345 by Jose Gabriel: Rikers Island Referral

DEF 003524

Clinical Impressions

Suicide attempt by hanging, initial encounter (HCC)

Disposition

Discharge
Condition: Stable

Visit Summary - Emergency Department (Printed 12/19/2020)

Medication Changes

None

Care Timeline

0416	Arrived
0502	CBC and Differential
	APTT
	Protime - INR
	Basic Metabolic Profile
	Hepatic Function Panel
	Acetaminophen level
	Salicylate level
	Ethanol
0645	LORazepam 4 mg
0830	Ketamine HCl 250 mg
0910	CT Head without contrast
	CT Maxillofacial without contrast
0914	CT Angio Neck with contrast
0915	Midazolam HCl 20 mg
	Haloperidol Lactate 10 mg
	Ketamine HCl 100 mg
	Ketamine HCl 150 mg
	Iohexol 50 mL
1557	Discharged

Printed by Gloria Ijeoma Ihenacho, MD at 12/19/20 5:58 PM

Rodriguez, Peter (MRN 4443620) Encounter Date: 12/19/2020

Rodriguez, Peter

MRN: 4443620

Anne M Wendland, NP | ED Notes | Date of Service: 12/19/20 1325
Nurse Practitioner | Signed | Creation Time: 12/19/20 1325
Psychiatric Emergency Dept

Signed

PSYCHIATRIC EMERGENCY SERVICES ASSESSMENT

Encounter Time: Face-to-face evaluation with patient conducted at (date, time): 12/19/20 1:10pm

CHIEF COMPLAINT / REFERRAL REASON:
"All the drugs you gave me, I don't even remember why I'm here now"

HISTORY OF PRESENT ILLNESS
Peter Rodriguez is a 30 y.o. man, English-speaking, inmate in correctional system at Manhattan Detention Center, history of Antisocial Personality Disorder, Intermittent Explosive Disorder, substance use, history of psychiatric hospitalizations, history of suicide attempts & cutting, most recent admission 12/6/20-12/7/20 for suicidal thoughts, another admission 2/2018 for another hanging attempt at Rikers), BIB DOC to Bellevue AES after he had a purported suicide attempt by hanging. No ligature marks were observed. Patient was medically evaluated and cleared, and psychiatry consultation was requested.

Per AES, patient was acutely agitated, threatening and required multiple rounds of IM and IV medications for agitation. Writer went to see patient twice & he was heavily sedated on my first attempt.

On re-interview, he remains sleepy but is able to participate in interview. He is dismissive and states he does not know why psychiatry was consulted. He states that he was given large amounts of medication here at Bellevue & therefore he does not remember why he was brought here or any of the events that precipitated this visit. He adamantly denies SI, intent or plan. He states his mood is "good", states that he no longer takes antidepressants as he does not need them & he is "fine". He states previously prescribed Remeron caused him to "get fat and hallucinate". Psychiatrically, he denies any HI, violent impulses, denies psychotic, manic sx. He did not answer questions about drug/alcohol use, as he fell asleep.

Reviewed patient's PSYCKES; reviewed discharge summary from 12/7/20. Discussed case with Dr. Colley, who is familiar with patient's case, and agrees with my plan for discharge.

Past Psychiatric History:
- Prior diagnoses: Intermittent explosive disorder, borderline personality disorder, antisocial personality disorder
- Hospitalizations: Multiple, last in 2/2018 at Bellevue per Quadramed records; multiple hospitalizations as a child by his foster parents
- Outpatient treatment: Patient has been followed by mental health at Rikers, recently with therapy visits.

- Medication trials: The patient explained that he had been treated with Remeron in the past, but did not think this medication had been helpful. (He is not currently prescribed medications at Rikers.)
- Suicide attempts/Self-harm: Per chart, patient has reported a history of past attempts, including intentional overdose on aspirin and alcohol, and hanging attempts at Rikers. However, on my interview with the patient, he said that he had "faked" suicide once in the past in 2018, in the context of frustrations with the DOC and his housing. He denied any history of genuine suicide attempts or behaviors.
- Violence: Notable for alleged murder, as well as in-hospital violence
- Trauma/Abuse: Patient endorsed a history of traumatic experiences, but declined to discuss this further.

Substance Use History:
Per Bellevue records, patient has a history of polysubstance use, including cocaine and opiate use. He denies recent substance use. Records show he has a history of abusing substances at Rikers and other detentional facilities whenever possible

Social History:

Psychosocial Assessment

	ED to Hosp-Admission (Discharged) from 12/6/2020 in Bellevue IPP 19W FORENSIC PSYCH
Current Living Arrangements/Environment	
Housing Situation	Criminal Justice System/Correctional
Name of the facility	Rikers Island - MDC.
Contact Information	
Contact Name	Patient did not comment.
Address	Patient did not comment.
Telephone	Patient did not comment.
Name and Number of Social Supports	
Significant Relationships	Patient did not comment.
Patient Identified Social Supports	Patient did not comment.
Social Supports Contact Information	Patient did not comment.
Consent to Contact Social Support	No
Educational Information	
Highest Grade Completed	-- [Patient did not comment.]
Legal History	
Legal History	Any legal issue pending?, History of arrest [Under DOC custody for Murder 2nd (PL125.25). B&C: 3491603090. NYSID: 09839298P]
Immigration History	
Country of origin	patient did not comment.
Employment Status	
Occupation	patient did not comment.

Family History:
Family hx of Schizophrenia and suicide per chart

Past Medical History:
has a past medical history of Asthma, Bipolar 1 disorder (HCC), Drug abuse (HCC), ETOH abuse, and Obesity.
has no past surgical history on file.

Current Facility-Administered Medications:
- haloperidol lactate (HALDOL) injection 10 mg, 10 mg, IV Push, Once, Masashi J. Rotte, MD
- ketamine (KETALAR) injection 250 mg, 250 mg, Intramuscular, Once, Mallika Singh, MD
- midazolam (VERSED) injection 10 mg, 10 mg, Intramuscular, Once, Masashi J. Rotte, MD
- midazolam (VERSED) injection 20 mg, 20 mg, IV Push, Once, Masashi J. Rotte, MD
- midazolam (VERSED) injection 20 mg, 20 mg, IV Push, Once, Masashi J. Rotte, MD
- OLANZapine (ZyPREXA ZYDIS) disintegrating tablet 10 mg, 10 mg, Sublingual, Once, Masashi J. Rotte, MD
- OLANZapine (ZyPREXA) injection 10 mg, 10 mg, Intramuscular, Once, Masashi J. Rotte, MD
- sodium chloride 0.9 % infusion 1,000 mL, 1,000 mL, IV Infusion, Once, Masashi J. Rotte, MD

Current Outpatient Medications:
- acetaminophen (FOR:TYLENOL) 325 MG tablet, Take 650 mg by mouth every 6 (six) hours as needed for pain., Disp: , Rfl:
- albuterol (FOR:PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler, Inhale 2 puffs every 6 (six) hours as needed for wheezing., Disp: , Rfl:
- beclomethasone 40 MCG/ACT (FOR:QVAR) 40 MCG/ACT inhaler, Inhale 2 puffs 2 (two) times a day., Disp: , Rfl:

Allergies

Allergen	Reactions
• Clindamycin	Hives

Visit Vitals

BP	134/73 (BP Location: Left arm, Patient Position: Lying)
Pulse	**(!) 125**
Temp	98.2 °F (36.8 °C) (Forehead)
Resp	18
SpO2	97%
Smoking Status	Unknown If Ever Smoked

MENTAL STATUS EXAM
- Appearance: appears stated age, appropriate grooming/hygiene, obese
- Behavior: good eye contact, calm, superficially cooperative
- Speech: normal rate, rhythm, and volume
- Motor: No psychomotor abnormalities
- Mood (direct quote from patient): "fine"
- Affect: irritable, constricted, stable
- Thought Process: linear, goal-directed
- Thought Content: future-oriented, unremarkable

- Suicidal Ideation/Intent/Plan: Denies
- Homicidal Ideation/Intent/Plan: Denies
- Perception: denies auditory/visual hallucinations
- Cognition: grossly normal cognition, alert, normal attention
- Insight: fair
- Judgment: fair
- Impulse Control: appropriate to setting

FORMULATION
Peter Rodriguez is a 30 y.o. man, English-speaking, inmate in correctional system at Manhattan Detention Center, history of Antisocial Personality Disorder, Intermittent Explosive Disorder, substance use, history of psychiatric hospitalizations, history of suicide attempts & cutting, most recent admission 12/6/20-12/7/20 for suicidal thoughts, another admission 2/2018 for another hanging attempt at Rikers), BIB DOC to Bellevue AES after he had a purported suicide attempt by hanging. Patient was medically evaluated and cleared, and psychiatry consultation was requested.
On exam, patient is now denying any SI, intent or plan, and claims to not recall events prior to arrival. Psychiatrically, he is denying any symptoms of a mood or psychotic illness, and objectively he is linear, logical, organized, appropriately related and future oriented. Diagnostically, he has a history of well documented Antisocial Personality Disorder. There is no evidence of any other Axis I Disorder. With regards to suicide risk, this patient is at a high risk, chronically, of suicide. His chronic risks include history of multiple prior suicide attempts, his incarcerated status for a serious crime, character pathology, prior hospitalizations, male gender, substance use even while incarcerated. His chronically elevated suicide risk would NOT be mitigated by an inpatient psychiatric hospitalization as there are no acute mood or psychotic symptoms to be targeted. Will recommend **suicide watch** on discharge at MDC as a mitigating factor.

Dx: Evaluation Required

PLAN
Patient is psychiatrically cleared to return to MDC
Patient is recommended to be on suicide watch at MDC
No medications prescribed
Psychiatry should follow up with patient at MDC
Case was discussed with Dr. Jeremy Colley, forensic director at Bellevue, who is familiar with this case

Anne M Wendland, NP
12/19/20 1352

ED on
12/19/2020

Rodriguez, Peter (MRN 4443620) Printed by Gloria Ijeoma Ihenacho, MD [IHENACHOGLINK] at 12/19/20 5:59 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

INJURY 1531

Imported By: Ajele Bowers 12/22/2020 8:26:18 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 12/22/2020 8:26:30 AM

CORRECTION DEPARTMENT
CITY OF NEW YORK

INJURY TO INMATE REPORT

Page 1 of 2 Pages | Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D

INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed investigation to Security.

Command:	Date:	COD/UOF #:	Injury #:
MDC	12/19/20		1531

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).

Inmate Name (Last Name, First Name): Rodriquez, Peter

Location Where Injury Occurred:	Inmate's Housing Area:	NYSID #:	Book & Case/Sentence #:
9 South	9 South	09839298P	3491603090

Details:
On Saturday December 19,20 at approximately 0215 hrs inmate Rodriquez, Peter b/c 3491603090 NYSID 09839298P did a self injurious behavior.

Supervisor Notified (Print Last Name, First Name, Rank, Shield #):	Date:	Time:
Captain Bethelmy	12/19/20	0217 Hrs.

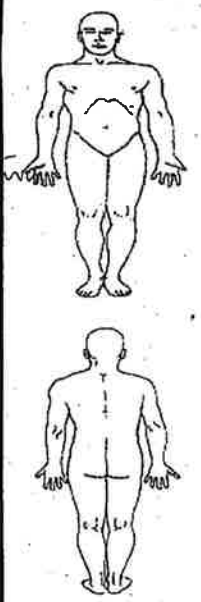
Employee: I ☒ (Did) ☐ (Did Not) Witness This Injury.	Employee Full Name (print):	Employee Signature:	Rank/Title:	Shield/ID#:
	Saryian	Saryian	CO	10981

TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Date of Injury:	Reported for Medical Attention:	Inmate Refused Medical Attention:	Visible Injuries:
12/19/20	Date 12/19/2020 1805 Hrs.	☒ Yes ☐ No	☐ Yes ☒ No

Nature/Reported Mechanism of Injury:
pt was seen by medical team – nursing in emergency center today at 223Am for attempted suicide – when some blood was seen on facial area. He was sent to Bellevue Hospital where some observation was made. now – pt refused to be seen. No visible injury on facial area by inspection

Medical Staff Must Note Location of Injury:



Serious injuries confirmed during initial evaluation
(Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):

☐ Laceration requiring sutures, staples or glue (e.g. dermabond)	☐ Fracture	☐ Clinical Nasal Fracture
☐ Dislocation	☐ Tendon Tear	☐ Amputation
☐ Structural injury to organ (e.g. corneal abrasion, hepatic laceration)	☐ Post-concussive syndrome or head injury requiring imaging such as CT or MRI	☐ Blistering burn involving the face or >9% of total body surface area

☒ NO SERIOUS INJURY

☐ Pending - Requires Further Evaluation

Treatment: Suicidal attempt
Hospital recommended suicidal observation. Pt sent to CT1 Stat

Disposition and Transportation Requirements (if applicable):
Please check which apply

☐ Urgicare / X-Ray ☐ Hospital Transfer: ☐ EMS ☐ Intra-Departmental Transfer

☐ None / Return to Housing Area Clinic Menacho, RMA

Initially Triaged/Treated By/Examined By (Print and Sign Full Name):	Date:	Time:
refused to sign	12/19/20	1809 Hrs

I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:

Inmate Signature:	B&C / Sentence #:	Date:
Refused to sign	3491603090	12/19/20

Witnessed By (Signature):	Rank/Title:	Shield /I.D. #:	Date:
	CO	7099	12/19/2020

DEF 003531

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
AMKC

MENTAL HEALTH- DOC REFERRAL

Imported By: Opal Bracy Med Rcrds 12/21/2020 12:24:03 PM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bracy, Opal at 12/21/2020 12:24:30 PM

CORRECTION DEPARTMENT
CITY OF NEW YORK

REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side 1 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:	Book and Case Number:	Location:	Date:
Rodriguez Pete	3419603490	9 South	12/19/20

Name/Shield Number of Reporting Officer:	Name/Shield Number of Supervisor Notified:
Sargeant CO 10981	Bethelamy Captain 1824

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when , in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexisting;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain) _____

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

STAT

Supervisor's Name:	Shield Number:	Date:
Bethelamy	1824	12/19/20

Response From Mental Health Services On Reverse Side

CORRECTION DEPARTMENT
CITY OF NEW YORK

REFERRAL OF INMATES TO MENTAL HEALTH SERVICES	Side 2 of 2	FORM NO. 4018R EFF. 04/08/99 REF. DIR. 4018R

Inmate's Name: Peter Rodriguez	Number: 349-16-03090

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL:

#2,
#3, #9

2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior)

12/20- Pt is currently with a ESO officer
He is Being sent to C71

3. RECOMMENDATIONS: (include special housing needs and precautions as needed)

12/20 – Pt sent to C71 on Suicide Watch.

Signature of Summary Prepared By: [signature]	Title: MHC	Date: 12/20/20

DISTRIBUTION:

1 copy retained by Mental Health
1 copy to Medical Services
1 copy to Facility Administration

DEF 003534

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Gloria Ihenacho MD	**Service Provider:**	CHS
Auth Provider NPI:	1225044985		
Signing Provider:	Gloria Ihenacho MD		
Phone:		**Phone:**	
Fax:		**Fax:**	
Patient Name:	PETER RODRIGUEZ	**DOB:**	**Age:** 31
Home Phone:		**Sex:** Male	**SSN:**
Work Phone:		**Cell Phone:**	**Patient ID:** 23447
Resp. Provider:			

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
MHSTAT	Referral - Mental Health STAT	SUICIDE ATTEMPT, INITIAL ENCOUNTER (ICD-T14.91xA)
Order Number:	763180-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/19/2020	**End Date:** 12/21/2020
Electronically signed by:	Gloria Ihenacho MD	**Signed on:** 12/19/2020 11:06:03 PM
Instructions:	Pt with attempted suicidal sent to Bellevue discharged on suicidal watch and MH F/u	

DEF 003535

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Indirect Encounter Note
Reason: **MH referral**

New Rx, New Orders, New Allergies, New Problems
New Orders:
Referral - Mental Health STAT [MHSTAT]

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Allergy Review
*** CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Assessment:
Problem # 1:
Suicide attempt - initial encounter (ICD10-T14.91xA)
Summary:
Assessed Suicide attempt, initial encounter as comment only
Added new Referral order of Referral - Mental Health STAT (MHSTAT) - Signed

Signed By: Ihenacho, Gloria at 12/19/2020 11:06:08 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE
MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**
Initial Eval / Update
Initial Evaluation? **Yes**
CHS Injury Report
DOC Injury Report available? **Yes**
DOC Injury Report #: **1531**
Injury Date: **12/19/2020**
Injury HPI: **Pt attempt suicide by hanging as per emergency note by nursing and Bellevue Hospital return in which they foundbleedingor blood around the facial area but couldnot find the source Pt denies any injuruybut says he just wants to go and sleep**
Event Location: **Housing Area**
Cause: **Self-Injury**
Verified Injury: **Injury by history only**
Did the patient have a blow to the head? **No**
Is there a nasal injury? **No**
Bodily location of injury: **Head/Face**

Injury Determination: Were any of the following present? None of the above (no serious injury)
Follow-Up Plan: **Pt refused to be evaluated refused to stay or sit down Walked away with DOC**

No Gross injury seen on facial area or bleeding

ASSESSMENT
MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Allergy Review

Allergies reviewed:
YES

Assessment:
Problem # 1:

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Suicide attempt - initial encounter (ICD10-T14.91xA)
Pt had CT head, faxillocial area and neck

Pt was evaluated by MH at Bellevue Hospital and Suicidl Watch and MH F/u recommended

MH provider at C71 was consulted and recommended to send pt down to C71

PLAN
Summary:
Assessed Suicide attempt, initial encounter as comment only

Signed By: Ihenacho, Gloria at 12/19/2020 6:40:19 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Hospital/Infirmary/CDU Return MED - Hospital Return
MED - Hospital/Infirmary/CDU Return
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Specialty Clinic/Returns

Type of Service Received: Medical
Return Date: 12/19/2020
Returning From: Emergency Room Visit Only (Not Admitted)
Was the patient hospitalized for Mental Health reasons? No
Reason for admission/visit? for attempted suicide by hanging
Summary of admission/visit (including procedure/tests/lab results): Emergency was called earlier this morning that pt attempted suicide by hanging and sent to Bellevue wher he had lab work cT head, maxillofacial without contrast CT angio with contrast and 12 lead EKG done.
He was evlautedby MH and given stat haloperidol 10mg, iohexol, ketamine, lorazep and midozolam and discharged to MDC ond to be on suicidal watch and followup by MH

Vital Signs

Hospital/Clinic Follow-up

In-facility follow up needed? (nursing, medical, wound, etc.) Yes
Patients meds modified? N/A
Patient has leftover carry meds to be discarded (discuss with patient): No
Patients medication list reconciled and explained: Yes

Hospital/Clinic Follow-Up (Continued)

Specialist follow up needed? N/A
High acuity, requiring SMD notification? (Notify SMD verbally and route note for review at signing) No
Requires infirmary housing? No
If needing inrirmary housing, contact NIC for pre-admission
Patient problem list updated? Yes

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Allergy Review

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Allergies reviewed:
YES

Assessment:
Problem # 1:
Suicidal ideation (ICD-V62.84) (ICD10-R45.851)
Pt refused to sit down and be evaluated Stating that he wants to sleep

Called and spoke to C71 MH provider: Buchard whorequested pt be sent to C71
Summary:
Added new problem of Suicide attempt, initial encounter (ICD10-T14.91xA)
Assessed Suicidal ideation as comment only

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Disposition
Selected disposition: **C-71 AMKC (Mental Health Center)**

Signed By: Ihenacho, Gloria at 12/19/2020 6:28:42 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ
Facility:
MDC
Book and Case:
3491603090
NYSID:
09839298P
DOB:
1
Housing Area:
RR
Time of emergency call to clinic (Military Time): 0217
Time of housing area arrival (Military Time): 0223
Responding Team Members: J. Israel, RN O. Shaw, LPN O. Jean-Baptiste, LPN
DOC supervisor (Captain or above) present? Yes
Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224
Location of emergency call: Housing Area
Nature of emergency (Chief Complaint): Hang up
Treatment provided: v/s done. Continued monitoring until EMS arrived
Assessment: Found pt in cell supine, awake but unresponsive to verbal stimuli. Pt responded to ammonia tx. Pt was noted to have blood on his nose and lips. As per DOC, pt attempted to hang himself and was cut down once spotted.
Plan: EMS activated by RN Isarel.
Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Current Vital Signs
Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**
BP Position: **Supine**
BP: **150/ 72** mmHg
oF
Pulse rate: **85** Pulse rhythm: **Regular**
Finger Stick (Blood Sugar): **105**
RR: **16** Respiration Type: **Regular**
Pulse Ox: **98%** Room Air: **Yes**

Signed By: Jean-Baptiste, Olga at 12/19/2020 7:41:48 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ
Facility:
MDC
Book and Case:
3491603090
NYSID:
09839298P
DOB:
1
Housing Area:
9S
Time of emergency call to clinic (Military Time): 0217
Time of housing area arrival (Military Time): 0223
Responding Team Members: israel RN, BAPTISTE LPN, SHAW LPN
Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224
Location of emergency call: Housing Area
Nature of emergency (Chief Complaint): HANG UP AS PER DOC
Treatment provided: VS TAKEN. PT PLACED IN COMFORTABLE POSITION
Assessment: PT FOUND LAYING ON HIS LEFT SIDE ON A MATTRESS UNDER THE TABLE IN HIS CELL. EYES OPEN VERBALLY UNRESPONSIVE. RESPONSIVE TO TACTILE STIMULI. VS TAKEN WITHIN NORMAL RANGE. BLOOD NOTED TO LIPS, NOSTRILS AND ON T SHIRT. URGICARE CALLED BY RN ISRAEL.
Plan: EMS INITIATED BY RN ISRAEL AT 2.30AM
Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Signed By: Shaw, Omolola at 12/19/2020 3:49:22 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ
Facility:
MDC
Book and Case:
3491603090
NYSID:
09839298P
DOB:
[redacted]
Housing Area:
RR
Time of emergency call to clinic (Military Time): 0217
Time of housing area arrival (Military Time): 0223
Responding Team Members: Israel, J. RN, Jean-Baptiste LPN, Shaw. O. LPN
DOC supervisor (Captain or above) present? No supervisor present
Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224am
Location of emergency call: Housing Area
Nature of emergency (Chief Complaint): "Hangup" per DOC
Assessment: Pt found lying prone with neck perched under a black stool with mildly hemorraghic sheet nearby. Eyes were open with regular respirations, Unresponsive to verbal stimuli. Was responsive to noxious and tactile stimuli. Dried hemorrage noted to nostrils, lip region and t shirt. No signs of ligature marks noted to neckline. Pills noted. Will and suicide note given to medical staff by DOC. Notes copied and returned. Per DOC pt was cut down prior to arrival and compressions initated by DOC. Urgi called, discussed with MD Wachtel. EMS activated at 2:30am Job#0416 Op#D648. Arrived: 2:52am.
Plan: Send out via EMS
Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: [redacted] Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Current Vital Signs

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Signed By: Israel, Jeanne at 12/19/2020 7:02:35 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Urgicare Call

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Urgicare Call:
Urgicare Physician: Peter Wachtel DO December 19, 2020 2:30 AM
Referring MD/PA/NP/RN: rn
Time of Call: 0225
Evaluation Completed Using: Phone
Chief Complaint: attempted hangup/allegedly cutdown by doc/min responsive/sat 98%/no lig marks/ems mh run
Category: Psychiatric
Urgi Call Initial Disposition: Sent on run with Urgi notified

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Disposition
Selected disposition: **EMS Hospital - MH**

Signed By: Wachtel, Peter at 12/19/2020 2:31:53 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
WF

INJURY 1530

Imported By: Ajele Bowers 12/22/2020 8:25:57 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 12/22/2020 8:26:01 AM

CORRECTION DEPARTMENT
CITY OF NEW YORK

INJURY TO INMATE REPORT — Page 1 of 2 Pages — Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D

INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.

Command: MDC	Date: 12/17/2020	COD/UOF #:	Injury #: FY20 1530

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).

Inmate Name (Last Name, First Name): Rodriguez, Peter

Location Where Injury Occurred:	Inmate's Housing Area:	NYSID #:	Book & Case/Sentence #:
7 South	7 South	09839298P	3491603080

Details: Said inmate stated that he attempted to hurt himself some time during the course of the day by attempting a self manipulative act

Supervisor Notified (Print Last Name, First Name, Rank, Shield #):	Date:	Time:
Capt Coball	12/17/2020	1044 Hrs.

Employee: I ☐ (Did) ☑ (Did Not) Witness This Injury.	Employee Full Name (print):	Employee Signature:	Rank/Title:	Shield/ID#:
	Harrison	[signature]	CO	17898

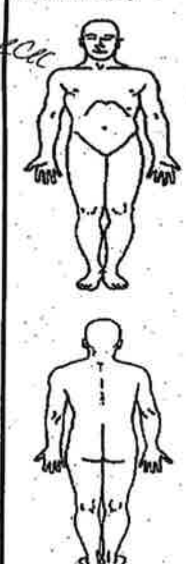
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Date of Injury:	Reported for Medical Attention:	Inmate Refused Medical Attention:	Visible Injuries:
12/17/20	Date 12/17/20 Hrs.	☐ Yes ☑ No	☐ Yes ☑ No

Nature/Reported Mechanism of Injury:

Patient has self injury after bound towel around his neck
[illegible] w/ AL
No injury (AOS)

Medical Staff Must Note Location of Injury:



Serious injuries confirmed during initial evaluation
(Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):

- ☐ Laceration requiring sutures, staples or glue (e.g. dermabond)
- ☐ Fracture
- ☐ Clinical Nasal Fracture
- ☐ Dislocation
- ☐ Tendon Tear
- ☐ Amputation
- ☐ Structural injury to organ (e.g. corneal abrasion, hepatic laceration)
- ☐ Post-concussive syndrome or head injury requiring imaging such as CT or MRI
- ☐ Blistering burn involving the face or >5% of total body surface area
- ☑ NO SERIOUS INJURY
- ☐ Pending - Requires Further Evaluation

Treatment: MH evaluation

Disposition and Transportation Requirements (if applicable):
Please check which apply

☐ Urgicare / X-Ray ☐ Hospital Transfer: ☐ EMS ☐ Intra-Departmental Transfer

☑ None / Return to Housing Area ☑ MH evaluation

Initially Triaged/Treated By/Examined By (Print and Sign Full Name):	Date:	Time:
[signature]	12/17/20	1180 Hrs

I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:

Inmate Signature: not sign	B&C / Sentence #: 3491603090		Date: 12/17/20
Witnessed By (Signature): [signature]	Rank/Title: CO	Shield /I.D. #: 18304	Date: 12/17/20

DEF 003549

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MENTAL HEALTH- DOC REFERRAL

Imported By: Opal Bracy Med Rcrds 12/18/2020 1:21:31 PM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bracy, Opal at 12/18/2020 1:22:00 PM

CORRECTION DEPARTMENT
CITY OF NEW YORK

REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side 1 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:	Book and Case Number:	Location:	Date:
Rodriguez, Peter	3491003080	9S	12/17/20

Name/Shield Number of Reporting Officer:	Name/Shield Number of Supervisor Notified:
Harrison CO 17877	Captain Conall 179

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when , in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexisting;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain) Attempted A Self Manipulative Act

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

Supervisor's Name:	Shield Number:	Date:
Captain Conall	179	12/17/2020

Response From Mental Health Services On Reverse Side

CORRECTION DEPARTMENT
CITY OF NEW YORK

REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side 2 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Number:

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL: See reverse

2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior)
Patient is endorsing SI, recent gesture

3. RECOMMENDATIONS: (include special housing needs and precautions as needed)
Transferred to CPI on SHU

Signature of Summary Prepared By:	Title:	Date:
[illegible] LMSW	Mental Health Clinician	12/17/20

DISTRIBUTION:

1 copy retained by Mental Health
1 copy to Medical Services
1 copy to Facility Administration

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Injury #3344 FY21

Imported By: Anglin Greaves Med Rcrds 12/18/2020 11:47:48 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Greaves, Anglin at 12/18/2020 11:48:00 AM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Gerard Collins MH Prof	**Service Provider:**	CHS
Auth Provider NPI:			
Signing Provider:	Evangelos Paraskevopoulos LMHC		
Phone:		**Phone:**	
Fax:		**Fax:**	

Patient Name:	PETER RODRIGUEZ	**DOB:**		**Age:**	31
Home Phone:		**Sex:**	Male	**SSN:**	
Work Phone:		**Cell Phone:**		**Patient ID:**	23447
Resp. Provider:					

Primary Ins:	**Secondary Ins:**
Group:	**Group:**
Policy:	**Policy:**
Insured ID:	**Insured ID:**

Code	**Description**	**Diagnoses**
MHSTAT	Referral - Mental Health STAT	
Order Number:	761253-1	**Quantity:** 1
Authorization #:		**Priority:**
Start Date:	12/17/2020	**End Date:** 02/16/2040
Electronically signed by:	Evangelos Paraskevopoulos LMHC	**Signed on:** 12/18/2020 8:49:23 AM
Instructions:	DOC Stat Ref: Attempted a self manipulative act	

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE
MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
Initial Eval / Update
Initial Evaluation? **Yes**
CHS Injury Report
DOC Injury Report available? **Yes**
DOC Injury Report #: **3342**
Injury Date: **12/17/2020**
Injury HPI:

Event Location:

Verified Injury:
Did the patient have a blow to the head?
Is there a nasal injury?

Injury Determination: Were any of the following present?
Follow-Up Plan:

OBJECTIVE
NU - Vital Signs
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Current Vital Signs
Refused vitals**Patient Refused Vital Signs**

Vital Signs Notes: **He refused vitals , evaluation and walked out the clinic.**

ASSESSMENT
MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Assessment:

PLAN
Summary:

MED - Physical Examination
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
General
General Examination Notes: He refused vitals , evaluation and walked out the clinic.

ALL - Refusal of Treatment
Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Refusal of Treatment - Location
Date of Refusal: 12/17/2020
Location of Service: On-Site

Refusal of Treatment
Type of Service Refused: Medical
Specific Service Refused (Medical): Injury Visit

Refusal of Treatment - Refuse to Sign?
Did the patient refuse to sign the refusal form? Yes
Which Health Care Staff witnessed the patient voluntarily refuse to sign this form (free text staff's name): RN Arenos

ALL - Refusal - Risks/Con/Capc
Does the patient understand that this refusal is against the advice of the health care provider? Yes
What is the risk associated with refusing this service/intervention? Medium
If Life-Threatening, see Capacity Policy and consider ER transfer for refusal at tertiary care center
Acknowledged

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Did you explain to the patient, the risks, consequences and dangers of refusing the procedure/treatment? Yes
What did you explain to the patient regarding the risks, consequences and dangers of refusing the procedure/treatment (free text)? worsening of current condition

Signed By: Kyu, Khin at 12/18/2020 12:20:35 AM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Patient: PETER RODRIGUEZ
ID: VitalAxis 09839298P
Note: All result statuses are Final unless otherwise noted.
Tests: (1) COVID19 Panel (COVID19NYR)

OBSERVATION	VALUE	EXPECTED

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Referring Physician:
Ordering Physician: Ira Gornish (gornishi)
Specimen Source:
Source: VitalAxis
Filler Order Number: 10525524
Lab site:

The following results were not dispersed to the flowsheet:

Signed By: Cantor, Lourdes at 12/24/2020 6:03:33 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Psychiatry - Medication Reevaluation

Patient:
PETER RODRIGUEZ
DOB:
[redacted]
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
9S

Type of Visit

Type of Visit: In Person

Subjective

Subjective (include general summary of functioning since last psychiatric provider note. This includes relevant clinical events, review of symptoms related to diagnosis patient is being treated for, and any recent self-injury or violence): Patient states"I am going to be honest with you man. They do me wrong. I've been in Rikers Island for for 5 years, and suddenly I was transferred out to MDC. They are punishing me. I don't know anyone in MDC. I just want to go back to NIC, then I will be alright."

Medication Compliance

List every psychiatric medication being prescribed and percent compliance since last Psychiatric Provider visit: Buspar 10 mg BID; 72%
Remeron 15 mg hs; 67%

Medication Side Effect

Medication Side Effect: No

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Well Groomed
Behavior: Cooperative, Relates Well, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation
Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): I am upset, they do me wrong
Affect: Appropriate
Impulse control: Adequate
Thought process: Goal Directed
Thought content: No Abnormalities Observed

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Vital Signs and Lab Results Flowsheet

Change in Medication
Change in medication regimen: No

Patient Education - Side Effects
Patient education provided on side effects of proposed medication: Yes
Patient educated on the following side effects: drowsiness, dizziness, increased appetite, wt gain

Clinical / Risk Formulation and Plan
Formulation (include identifying information, diagnosis and relevant history, general elements of treatment plan, status of current symptoms related to diagnosis, and if any acute issues related to risk of harm to self/others) (1st 2000 Char): 30 year old Hispanic male with diagnoses of Adjustment disorder with disturbance of conduct and Borderline personality disorder was transferred to C-71 on suicide watch after he was observed with a towel wrapped around his neck, and stated that he wanted to die. On interview, patient stated "I am going to be honest with you man. They do me wrong. I've been in Rikers Island for for 5 years, and suddenly I was transferred out to MDC. They are punishing me. I don't know anyone in MDC. I just want to go back to NIC, then I will be alright." Patient has history of threatening self-harm, and/or gestures for secondary gain, especially to influence preferred housing. Patient did not endorse suicidal ideation, or feeling depressed, or hearing voices telling him to hurt himself, nor there was evidence of major depression, or overwhelmed anxiety, or internal preoccupation.
Diagnoses at this visit: Adjustment disorder with disturbance of conduct
Borderline personality disorder
Current Medications:
LOPERAMIDE HCL 2 MG (IMODIUM 2 MG) (LOPERAMIDE HCL) 2 mg by mouth tid; Route: ORAL
ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 650 mg by mouth by mouth qid; Route: ORAL
MIRTAZAPINE 15 MG (REMERON 15 MG) (MIRTAZAPINE) 15 mg by mouth qhs; Route: ORAL
BUSPIRONE HCL 10 MG (BUSPAR 10 MG) (BUSPIRONE HCL) 10 mg by mouth bid; Route: ORAL

Plan: 1. Cont. Remeron 15 mg at bedtime; pt is asymptomatic
2. Cont. Buspirone 10 mg BID

Disposition/Level of Care
Disposition/Level of Care? GP with MH Follow-up Clinician/Psychiatrist

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Disposition
Selected disposition: **GP with MH Follow-up Clinician/Psychiatrist**

Signed By: Beauchard, Renan at 12/17/2020 10:14:54 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Urgicare Call

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Urgicare Call:
Urgicare Physician: Adam Litroff DO
Referring MD/PA/NP/RN: Desrosiers
Time of Call: 13:08
Evaluation Completed Using: Phone
Chief Complaint: Patient c/o loss of smell / taste. VS normal. Was COVID PCR POSITIVE 4/2020. Had repeat test 8/15/20 which was negative. No indication for medical isolation at this time. Recommend clinic follow up at MDC.
Category: Medical
Urgi Call Initial Disposition: Return to housing from within the facility after consultation with Urgicare
Additional Follow-Up Needed? Follow-up by primary care in patient's facility

Signed By: Litroff, Adam at 9/2/2020 1:14:05 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
FAST TRACK
Chief Complaint/Reason for Visit: **Pt is c/o loss of taste , and smell for 2 days .**
Status of his dental appt .
History of Present Illness: **Pt is here today c/o loss of taste , and smell for 2 days .**
Pt denied fever , cough , sore throat .
Pt is requesting the status of his Dental appt .

Vital Signs Review

BP: **146/77** Pulse: **89** Pulse Rhythm: **Regular**
RR: **14** Resp Quality: **Unlabored**
02 Sat: **99%** T: **98.4**F
Open Orders:
Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]
TPR [MHMIGRATION]
MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]
Chem 7 Panel [0768-2]
Hepatic Function Panel [3422-3]
Referral - Bellevue, Dermatology [BELLEDERM]
Medical Order - Annual Physical [ANNUALPHY]
Hospital Transfer [INTHOSP]
NOVEL CORONAVIRUS COVID-19 NASOPHARYNX [TH68]
COVID19 IgG Antibody [2057204]
CDU Transfers [INTCDU]
Dental Order - Cleaning [DENTCLEAN]
Referral - Dental [DENTAL]
Referral - Neurology [NEUROREF]
MH Order - Mental Health Progress Note [MHPROGRESS]
MH Order - TPR and MH Clinician's Progress Note [TPR]
On-Site Specialty Follow-Up - Podiatry [PODIAORDER]

INT - Step 1 - Vitals

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**
BP Position: **Sitting**
BP: **124** / **76** mm Hg
Temperature: **99.3** FbaF
Temperature site: **Oral**
Pulse rate: **89** Pulse rhythm: **Regular**
RR: **15** Respiration Type: **Regular**
Pulse Ox: **99%** Room Air: **Yes**

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
General
General Appearance: No Acute Distress, Well-developed, Well-Hydrated, Well-Nourished
General Examination Notes: Pt is AAO X 3 .
No SOB , No distress noted .
HEENT: Head Normocephalic
HEENT: Eyes PERRLA, EOMI
HEENT: Ears Tympanic membranes intact bilaterally, Ear canals unremarkable
HEENT: Nose Normal pink mucosa
HEENT: Throat Clear, No erythema or exudate
HEENT: Oral Cavity No lesions seen, Moist mucosa
HEENT: Notes Pt is c/o loss of taste and smell for 2 days .
Chest
Inspection: No lesions or scars
Palpation: No masses or lumps
Neck
Neck: Supple, No thyromegaly, No lymphadenophaphy, No carotid bruit, No JVD, Normal ROM
Thyroid: Non-tender
Respiratory
Respiratory Effort: No respiratory distress
Auscultation: Clear to auscultation bilaterally
Percussion: No dullness to pecussion
Cardiovascular
Auscultation: RRR, Normal S1 + S2
Carotid Arteries: No carotid bruit bilaterally
Gastrointestinal
Abdomen: Soft, Non-tender, Non-distended
Liver & Spleen: No hepatosplenomegaly
Musculoskeletal
Gait & Station: Normal
Head & Neck: No tenderness
Back: No CVAT bilaterally
Joints: FROM shoulder bilaterally, FROM hips bilaterally, FROM knees bilaterally
Neurological
Cranial nerves: Cranial Nerves II -> XII intact bilaterally
Sensation: Normal sensation V1 - V3 - bilaterally upper and lower extremities
Strength: 5/5 in all extremities
Movement: No tremor
Mental Status
Judgement & Insight: Good
Orientation: Oriented to person/place/time
Mood & Affect: Responds to questions appropriately, No suicidal ideation, No homicidal ideation, No auditory hallucinations, No visual hallucinations

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review
*** CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:
YES

Assessment:
Problem # 1:
Taste sense altered (ICD-781.1) (ICD10-R43.9) - New Problem
1 - Pt is c/o loss of taste , smell . VS : WNL .
2 - Pt had COVID PCR positive on 04/2020 .
3 - Pt had repeat COVID 19 test : Negative on 08/15/2020 .
4 - Case D/W Urgicare Dr A. Litroff .
5 - No indication for medical isolation at this time .
6 - RTC on 09/08/2020 ; as needed .
Problem # 2:
Dental caries - unspecified
1 - Pt has appt with Dental on 09/03/2020 .
2 - MD advised the pt that DOC will notify him for his appt with Dental .

Summary:
Added new problem of Taste sense altered (ICD-781.1) (ICD10-R43.9) - Signed
Added new Referral order of Medical Order - Chronic Care Follow-up (CHRONICFOLLOW) - Signed

Signed By: Desrosiers, Jean-Claude at 9/2/2020 4:03:55 PM

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE
MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
Initial Eval / Update
Initial Evaluation? **Yes**
CHS Injury Report
DOC Injury Report available? **Yes**
DOC Injury Report #: **750**
Injury Date: **08/31/2020**
Injury HPI: **Pt reports mild SOB in setting of still fire in his cell. Denies dizziness, lightheadedness and confusion.**
Event Location: **Housing Area**
Cause: **Other (Specify in 'Notes' field)**
Describe Other Cause: **Still fire in cell**
Verified Injury: **Injury by history only**
Did the patient have a blow to the head? **No**
Is there a nasal injury? **No**

Injury Determination: Were any of the following present? None of the above (no serious injury)

OBJECTIVE
NU - Vital Signs
Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Current Vital Signs
Refused vitals**Patient Refused Vital Signs**

ASSESSMENT
MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review
*** CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

fish derived (Moderate)
lactose (Moderate)

Assessment:
Problem # 1:
Injury - unspecified - initial encounter (ICD10-T14.90xA)
Pt reports mild SOB in setting of still fire in his cell.
Denies dizziness, lightheadedness and confusion.
Resp: CTA b/l
Problem # 2:
Asthma (ICD-493.90) (ICD10-J45.909)
Albuterol pump ordered

PLAN

Summary:
Added new medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs every 4-6 hours as needed SOB; Route: INHALATION Indications: ASTHMA - Signed
Rx of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs every 4-6 hours as needed SOB; Route: INHALATION #1 x 0; Signed; Entered by: Christopher Tatem PA; Authorized by: Christopher Tatem PA; Method used: Handwritten; Note to Pharmacy: Route: INHALATION;

ALL - Refusal of Treatment

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Refusal of Treatment - Location

Date of Refusal: 08/31/2020
Location of Service: On-Site

Refusal of Treatment

Type of Service Refused: Medical
Specific Service Refused (Medical): Injury Visit

Refusal of Treatment - Refuse to Sign?

Did the patient refuse to sign the refusal form? Yes

ALL - Refusal - Risks/Con/Capc

Does the patient understand that this refusal is against the advice of the health care provider? Yes
What is the risk associated with refusing this service/intervention? Low
If Life-Threatening, see Capacity Policy and consider ER transfer for refusal at tertiary care center Acknowledged
Did you explain to the patient, the risks, consequences and dangers of refusing the procedure/treatment? Yes

NYC HEALTH+ HOSPITALS | Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

What did you explain to the patient regarding the risks, consequences and dangers of refusing the procedure/treatment (free text)? Risks & consequences addressed

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**
General
General Appearance: No Acute Distress, Well-developed, Well-Nourished
HEENT: Head Normocephalic, Atraumatic
Skin
Skin Notes: No lesions
Respiratory
Respiratory Effort: No respiratory distress
Auscultation: Clear to auscultation bilaterally
Cardiovascular
Palpation: PMI not palpable
Auscultation: RRR, Normal S1 + S2

Signed By: Tatem, Christopher at 8/31/2020 2:00:48 PM